



Campus Chapel

Building Use Request Form

Event type (check one)



Wedding Ceremony/Reception
(officiating minister):



Music Recital



Celebration



Group Event
(please specify):

Date of Event

time start

time end

rehearsal date and time (if applicable)

size of group

()

phone number

email address

date

signature

()

phone number

email address

Name

of primary contact

billing address

city

state

zip code

Name

of secondary contact

For office use:

Please submit completed form to the Chapel's office

1236 Washtenaw Ct, Ann Arbor, MI 48104

office@campuschapel.org

734.668.7421

www.campuschapel.org

Approved by

Date