

# WEDDING RESERVATION FORM

PLEASE COMPLETE AND RETURN WITH \$500 FEE  
(Payable to Loyola University Maryland) – Mail to:  
Wedding Coordinator, Campus Ministry  
4501 N. Charles Street  
Baltimore, MD 21210-2699

Wedding Date: \_\_\_\_\_ Time: \_\_\_\_\_

Rehearsal Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Do not set a rehearsal date and time until you confirm with the Wedding Coordinator: [weddings@loyola.edu](mailto:weddings@loyola.edu).*

Groom's Full Name: \_\_\_\_\_

Groom's Preferred Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

Loyola Class Year or Affiliation: \_\_\_\_\_

*\*Please provide information on your \*local\* parish, even if you are not a registered member. This is used by the Archdiocese of Baltimore to determine your residence within or outside of their jurisdiction.*

Local Parish\*: \_\_\_\_\_ Pastor: \_\_\_\_\_

Parish Address: \_\_\_\_\_

Bride's Full Name: \_\_\_\_\_

Bride's Preferred Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

Loyola Class Year or Affiliation: \_\_\_\_\_

Local Parish\*: \_\_\_\_\_ Pastor: \_\_\_\_\_

Parish Address: \_\_\_\_\_

Officiating Clergy Name: \_\_\_\_\_

Parish / Church: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (H or C) \_\_\_\_\_ (W) \_\_\_\_\_

Catholic Ceremony (with Mass) \_\_\_\_\_ Catholic Ceremony (no Mass) \_\_\_\_\_ Non-Catholic Ceremony \_\_\_\_\_