

Reservation Form

Little Chapel-in-the-Woods, Greenhouse and University Gardens

Texas Woman's University ☐ Office of Conference Services -- Hubbard Hall 104 ☐ P. O. Box 425379 ☐ Denton, TX 76204-5379

Telephone: 940-898-3644 Fax: 940-898-3556

Bride's Name _____ Your E-mail _____

Groom's Name _____

Bride's Address _____

City/State/Zip _____

Primary Contact _____ Phone # _____ Alternate # _____

Estimated Attendance _____ Event Type
 Wedding Service Recital Other _____

Date of Event _____ Location Chapel Gardens Greenhouse

Wedding / Event Time _____ am / pm to _____ am / pm Ceremony start time _____

Rehearsal Date _____ Rehearsal Time _____ Reception location _____

I hereby acknowledge that I have read the Operating Policies and agree to abide by the conditions as set forth therein. Any revisions can result in a change or cancellation fee. I understand that events in the Little Chapel in the Woods may involve risks. These include risks involved in traveling to and within, and returning from, the Chapel; different standards of design, safety and maintenance of utilities, facilities, and weather conditions; and other matters. I have made my own investigation, including a review of the facility and am willing to accept these risks.

Bride's or Groom's Signature _____ Date _____ Conference Services _____ Date _____

Should you exceed your allotted time slot, Conference Services will bill you for the additional time.

How were you referred to us?

I am (circle one) Faculty Staff Student Alumni
I have a parent/relative who is (circle one) Faculty Staff Student Alumni
I heard about the Chapel (circle one) The Knot PWG Other _____

The reason(s) why I chose the Chapel _____

Name of TWU Organization / Advisor (if applicable): _____

TWU Advisor Signature (if applicable) _____ Date _____ TWU Center for Student Development _____ Date _____

Rental Fees for Little Chapel-in-the-Woods or Greenhouse or University Gardens: \$ _____

Additional Time: \$ _____ per hour (if available) Building Attendant @ \$ _____ per hour

Total fees paid: \$ _____

Receipt #: _____ Payment Cash Check Money Order

Credit Card type/number _____ Zip (Billing Address) _____

Name on card _____ Expiration Date _____