

**Mystical Rose Oratory
Reservation Request**

*Please fill out this form to request a date or dates for the use of Mystical Rose Oratory. **Please print.***

Name of Contact Person: _____

Phone Numbers: (Work): _____ **(Home):** _____

(Cell): _____ **(e-mail address):** _____

Address: _____
(Number and Street)

(City and Zip Code)

Event Name: _____

Name of Sponsoring Group: _____

Date of Event: _____ **Time & Length of Event:** _____

(For weddings, date and time of rehearsal _____)

Indicate the amount of time needed for set-up _____ **and clean-up:** _____

Is this a one time event? _____ **If "no," please explain the request and the requested dates in more detail:** _____

Staff or Faculty person for microphone set up etc. _____

Equipment needs: _____

Will you need the downstairs Conference Room/Green Room? _____

In addition to the above information, please fill out the form below for Baptisms, Weddings and Funerals:

Name of Sacrament Recipient(s) or the deceased: _____

Explain relationship of recipient(s) or the deceased to the Marianists, Chaminade University or Saint Louis School: _____

Name of person doing sacramental preparation for Baptism or Wedding: _____

Name of priest: _____ **Signature of priest:** _____

(For weddings and funerals, a \$750 minimum non-refundable donation is requested. This is separate from the priest's stipend. Checks should be made payable to: The Marianist Center of Hawai'i. Checks should be mailed to: Bro. Dennis Schmitz, S.M., Marianist Center of Hawai'i, 3140 Waiālae Ave., Honolulu, HI 96816. Wedding reservations will be confirmed after the fee is received.)