



Mystical Rose Oratory Reservation Request Form

CONTACT INFORMATION

Your Name:

Phone: Email:

ABOUT YOUR REQUEST

Event: Sponsoring Marianist Institution:

Date and Time of the Event:

Also include time for Set-Up/Clean-Up

For Weddings: Date/Time for Rehearsal:

Is this a multi-day Event? Yes No If yes include, include additional dates/times:

Name of Staff Person from the Sponsoring Marianist Institution who will be available to staff the event:

Will you also need the downstairs conference room? Yes No

SACRAMENTAL INFORMATION FOR BAPTISM, WEDDINGS & FUNERALS

This event is for a: Private Baptism Wedding Funeral

Name of Sacrament Recipients or Deceased:

Recipient(s) or Deceased relationship to
Chaminade University, Saint Louis School,
or the Marianist Center of Hawaii:

Name of Priest who will officiate:

Priest stipend is separate from the requested donation for the use of the chapel.

REQUESTED DONATION INFORMATION

A \$750 minimum non-refundable donation is requested.

Checks should be made payable to: **The Marianist Center of Hawaii**

and sent to: **Bro. Dennis Schmitz, SM**

**The Marianist Center of Hawaii,
3140 Waialae Ave.
Honolulu, HI 96816**