

COUPLE'S AGREEMENT FORM

In order to reserve the chapel for your wedding, please complete this form and return it to Office of Campus Ministry, Trinity College with your non-refundable check in the amount of \$100.00 made payable to *Office of Campus Ministry, Trinity College*. Thank you!

(Please Print)

Bride's Name: _____

Address: _____

Telephone: _____ Office _____ Home _____

Groom's Name: _____

Address: _____

Telephone: _____ Office _____ Home _____

Wedding Date: _____ Time: _____

Rehearsal Date: _____ Time: _____

Reception Date: _____ Location: _____ Time: _____

I acknowledge that I have read the attached materials concerning weddings at Trinity College. I hereby agree to comply with all of the regulations of the Archdiocese of Washington, D.C. and Trinity College regarding Catholic marriages taking place on the campus of Trinity College. Presiding Catholic clergy must contact the Pastor of St. Martin's Church, Rev. Michael Kelley at (202) 232-1144 or mjkkelley@bellatlantic.net

Bride's Signature _____ Date _____

Groom's Signature _____ Date _____

Mail to:

Attn: Wedding Assistant
Office of Campus Ministry
Trinity College
125 Michigan Avenue NE
Washington, DC 20017