

ST. LUKE'S CHAPEL

Medical University of South Carolina
Corner of Ashley Avenue and Bee Street
P. O. BOX 250180
Charleston, S.C. 29425
Phone (843) 792-6775 FAX (843) 792-0320
www.musc.edu/stlukeschapel

WEDDING RESERVATION REQUEST

Responsible Party _____

Address _____

_____ Zip Code _____

Telephone (home) _____ (business) _____

Other (mobile, cell, FAX, etc.) _____

E-mail address _____

Date of rehearsal _____ Time _____ (1 hour)

Date of wedding _____ Ceremony begins _____

Reservation from _____ to _____ (3 hours)

Wedding reservation begins 1½ hours before ceremony. The wedding party & florist are not to arrive prior to reserved times. See Fee Categories to purchase additional time.

Number of guests _____ (Maximum accommodation 265)

Name of Bride _____

Address _____

Telephone (home) _____ (office) _____

Other (mobile, cell, FAX) _____

E-mail _____

Name of Groom _____

Address _____

Telephone (home) _____ (office) _____

Other (mobile, cell, FAX) _____

E-mail _____

