

**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 onetime 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, a \$750 suggested non-refundable donation is requested. \$300 donation is suggested for funerals. This is separate from a stipend you may wish to give the priest or deacon. 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 Waiialae Ave., Honolulu, HI 96816. Wedding reservations will be confirmed after the reservation form and donation are received. However, no one will be turned away for lack of a donation)