

CAMPUS ACTIVITIES COMPLEX

APPLICATION FOR PERSONAL EVENTS

CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

MIT AFFILIATION: STUDENT STAFF FACULTY ALUMNI

OTHER: _____

EVENT INFORMATION:

DATE OF EVENT: _____

EVENT START TIME: _____ EVENT END TIME: _____

SPACE REQUESTED: _____

ATTENDANCE: _____

EVENT TYPE:

BAPTISM

BAR/BAT MITZVAH

MEMORIAL SERVICE

WEDDING

OTHER (SPECIFY): _____

RECEPTION INFORMATION (IF APPLICABLE):

START TIME: _____ END TIME: _____

SPACE REQUESTED: _____

ATTENDANCE: _____ ALCOHOL PRESENT: YES NO

FOR WEDDINGS ONLY

DATE OF REHEARSAL: _____

START TIME: _____ END TIME: _____

BRIDE/GROOM NAME: _____

If the services will be performed by a non-MIT chaplain, please indicate the following information:

CLERGY OFFICIATING: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Applicant's Signature: _____ Date: _____