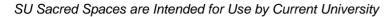
## **Seattle University Chapels Request Form**

(Please return the **fully completed** form **6 weeks prior** to event)





## SEATTLE UNIVERSITY

Students, Faculty, Staff and Alumni of Seattle University					CAMPUS MINISTRY		
Requestor Name: On Behalf of (if different):			_	Office Use Only			
University Affiliation: Address/Department: City, State Zip/Office:					Date Received: By: Approved: Date Completed:		
Email:					Ticket #	<u> </u>	
Phone:				<del></del>			
Fax:				<u>-</u>			
Space Requested:		St. Ignatiu	s (230)		Campion Ecumenical (100) Immaculate Conception (30)		
(capacity)		Chardin (2	0)				
Data(a) 9 Time(a) Democrat		<u> </u>			Multifaith	Prayer Room (15)	
Date(s) & Time(s) Request	ea:						
Please check all that apply	<del></del>	Mass		Wedding	1	Liturgy/Service	
Purpose of Use:		Other		Tour		Rehearsal/Concert	
•		l .	1	L	1	,	
Expected Attendence:		Number		Mostly fro	m Campus	Off Campus	
Expected Attendance:		Number		IVIOSTIY ITO	m Campus	Off Campus	
Presider(s):							
Presider(s) Phone/Email/Ad	aress:				Lastar(s)	2 for Cundou Liturau	
Ministers (if Mass):					_ Lector(s) 2 for Sunday Liturgy Eucharistic Ministers		
					1-49 needs 3 additional ministers		
				50-124 needs 5 additional ministers			
					125 + needs 8 additional ministers		
Please check all that apply					720 1 7700		
Music:	All Musi	c Must be Live	e Sacred/C	lassical			
	All Musi	cians are Vete	erans of Ca	ntor/Accomp	o <u>animent Pe</u>	erormance	
Are the Musicians Far	miliar with	n the Sacred S	pace Requ	ested?			
Please Note: A Complete List of Mu Attach List to This Form or Send to				Request			
Bill McNamara Campus N	/linistry	- STNC 120J	- <u>mcnamar</u>	w@seattleu.e	<u>edu</u> 206.2	296.6031	
Special Requirements:							
Please Re	eturn the	e Completed	d Reques	st Form to (	Campus N	<i>linistry</i>	
		lituray	@seattleu.	edu			