



SCHRAM MEMORIAL CHAPEL

WEDDING DETAILS

(PLEASE RETURN THIS SHEET AT LEAST 2 WEEKS PRIOR TO YOUR EVENT)

COUPLE'S FIRST & LAST NAMES: _____

DATE(S) OF RENTAL: _____

WHICH SIDE OF ALTAR: GOLD WHITE

CHECK ALL YOU PLAN TO USE: PIANO ORGAN CD MP3 HOOK-UP

CERTIFICATES OF INSURANCE (COI'S) OR SIGNED WAIVER IS REQUIRED FOR ANY OUTSIDE VENDORS THAT YOU WILL BE USING.* PLEASE INDICATE BELOW ANY VENDORS THAT YOU WILL BE USING:

PHOTOGRAPHER: _____

FLORIST: _____

MUSIC PROVIDER: _____

OTHER: _____

*PLEASE CONTACT AARON GLICKSON REGARDING COI/WAIVER REQUIREMENTS

(224) 521-2562 AARON.GLICKSON@GLENVIEWPARKS.ORG