Chapel Usage Agreement for Weddings
University Chapel, Gonzaga University & St. Michael’s Chapel at the Kennedy Apts.

The primary purpose of the University Chapel and St. Michael’s Chapel is to provide a reflective atmosphere for the prayer and spiritual activities of the Gonzaga community. However, in addition to this purpose, the chapel provides a unique setting in which to promote the University through other prayer, wedding, and ecumenical services. In light of this, the following guidelines have been developed to support the various uses of the Chapel, but still protect the room’s primary function.

Normally, Catholics receive sacraments in their home parish. However, because of your affiliation with Gonzaga University, we understand that our worship space may have deep spiritual meaning for you and your fiancé.

To begin the process of planning a wedding at one of the University Chapels:

1. Please contact Kathy Yates, the Marriage Pastoral Associate for St. Aloysius Parish at (509) 313-7002, who will explain diocesan requirements and University procedures.

2. Kathy will send out a preliminary packet of information and work with Mission and Ministry regarding availability. She attains final approval of usage from the VP or Director of Mission and Ministry.

3. Priority is given to University activities, including but not limited to masses, reconciliation, and other liturgical services.

4. No food or drink is allowed within the chapel space and nothing is to be moved except under the close supervision of the assigned Wedding Coordinator.

Please circle which Chapel you wish to use: University Chapel  St. Michael’s Chapel

I have read the terms and conditions on this Usage Agreement.

Signature: ________________________________________ Date: ________________________

Bride’s Name: ________________________________________ Class of: ________ Telephone: _________________

Affiliation: Student_____ Faculty/Staff_____ Trustee/Regent_____ Alumnus_____ Other ________________

Groom’s Name: ________________________________________ Class of: ________ Telephone: _________________

Affiliation: Student_____ Faculty/Staff_____ Trustee/Regent_____ Alumnus_____ Other ________________

Date/Time of Wedding: _________________________________

__________________________________________________________________
Priest: _______________________________ Diocese/Religious Order: _______________________________

Contact #: ____________________________

Expected # of Guests: __________

To be filled out by the Mission and Ministry office.

Approved / Declined by: _______________________________ Date: __________________

SUBMIT YOUR REQUEST BY ONE OF THE FOLLOWING WAYS:

Mail:  St. Aloysius Church                        Fax:  (509) 313-5892
Attn: Kathy Yates
330 E. Boone Ave.
Spokane, WA  99202