

# THE FOUR CHAPLAINS MEMORIAL FOUNDATION

# FACILITIES RENTALS

1201 Constitution Avenue  
The Navy Yard, Building 649  
Philadelphia, PA 19112-1307  
Ph. (215) 218-1943

## APPLICATION FOR USE OF FACILITIES

(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Type of Function: \_\_\_\_\_

Date of Function: \_\_\_\_\_ Time: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Extraordinary pre-arrangements needed: \_\_\_\_\_

Fees:

Meeting	\$350 +
Wedding Ceremony	\$350
Religious Ceremonies	\$275
Memorial Service	\$250
Chaplain	\$150
Chapel Set-up	\$100

Payable to: The Chapel of Four Chaplains

Please indicate if you have a denominational preference for the Chaplain: \_\_\_\_\_

Upon acceptance of our request by The Chapel of Four Chaplains (Chapel), we agree to the following:

Liability: I/We \_\_\_\_\_ shall indemnify, defend and hold harmless the Chapel from and against any claim, demand, action, penalty, suit or liability (including cost of defense, settlement and reasonable attorney's fees) that the Chapel may incur or become responsible for or pay out as a result of death or bodily injuries to any person, destruction or damage to any property, or any violation of government laws, regulations or orders to the extent they are caused or alleged to be caused as a direct or indirect result of this function at these facilities.

Damages: I/We \_\_\_\_\_ shall assume responsibility for the repair of any damages to the physical property of the Chapel resulting from improper or careless use of said property by all in attendance at this function.

### Contact Person

### The Chapel of Four Chaplains

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date