

Please send this form along with a \$200.00 non-refundable deposit, payable to Knox College, and remit to:
Knox College, Attention: Facilities Manager/Booking Office
59 St. George St., Toronto, ON M5S 2E6

Chapel Rental Cost: \$2,000.00 + \$260.00 HST = \$2,260.00

## **Section A: To be completed by wedding partners**

Partner 1 Full Name:	(Given)	(Last)
Partner 1 Address:		
	Postal Code:	
Home Phone: ( )	Work Phone: ( )	Ext
Email:	Denomination:	
Partner 2 Full Name:	(Given)	(Last)
Partner 2 Address:		
	Postal Code:	
Home Phone: ( )	Work Phone: ( )	Ext
Email:	Denomination:	
Date of Rehearsal:	Time:	
Date of Wedding:	Time:	
restoration. Thus, from time to time exterior of the building, including the building to make repairs to the stone the event of such repairs/restoration. We have read the regulations gover by the rules and conditions outlined balance of the rental of the Chapel	915, has been designated a Heritage Building and as such, it may be necessary to have restoration/repairs made the Chapel. It may also be necessary to erect scaffolding in nework, roof or windows. Knox College will make every en; however, this may not be possible in an emergency signing the use of the Knox College Chapel and hereby agreed in the Knox College Wedding Application Package. We is due three months prior to the wedding, or the College Wedding is booked less than three months prior, the further than the second s	to the interior and/or nside or outside of the effort to contact you in ituation.  ee that we will abide understand that the ge reserves the right
College property, by us, any mer	otaping, or other photography by any means taken mber of the wedding party or our families, or any e onal use and will not be used in any commercial ac	employed
Partner 1 Signature:	Partner 2 Signature:	
Date:	Date:	

## Section B: To be completed by officiating clergy (All Weddings must be Christian)

Clergy's Full Name:	(Given)	(Last)
Church:		
Home Phone: ( )		
Email:	Denomination:	<del></del>
Clergy Ontario Matrimonial License Nu	mber:	
I certify that this couple is eligible for n	narriage according to the guidelines o	of my denomination.
Clergy Signature:		
For Office Use Only		
Date Deposit Paid:		
Amount of Chapel Deposit:	Receipt Number:	
Date Payment Paid:		
Amount of Organist Payment:	Receipt Number:	
Date of Final Payment:		
Amount of Final Payment:	Receipt Number:	