



THE UNIVERSITY OF THE WEST INDIES
MONA, JAMAICA, WEST INDIES
UNIVERSITY CHAPEL

CHAPEL APPLICATION FORM

This form is used when individuals/groups intend to pay the security deposit
NB: Copy of Photo ID, TRN, Proof of Affiliation, etc. must be attached to this form

| | | |
|---|------------------------------|-----|
| A. CLIENT INFORMATION (INDIVIDUAL) | | |
| Name(s) of Applicant(s): | | |
| Mailing Address: | | |
| Telephone: (H) | (W) | (C) |
| Email: | | |
| Identification Type: | Identification Number: | |
| Taxpayer Registration Number (TRN): | | |
| B. CLIENT INFORMATION (GROUP) | | |
| Name of Organization/Group: | | |
| Address of Organization/Group: | | |
| Name of Authorized Representative: | | |
| Position with Organization/Group: | | |
| Telephone: (H) | (W) | (C) |
| Email: | | |
| C. EVENT DETAILS | | |
| Please indicate the type of event that you are seeking to host at the Chapel. | | |
| WEDDING [] VOW RENEWAL [] FUNERAL [] CONCERT [] SPECIAL SERVICE [] CHRISTENING [] BAPTISM [] OTHER [] Please specify | | |
| Names of Bride & Groom (If applicable): | | |
| Name of Deceased (If applicable): | | |
| Name of person to be christened/baptised (If applicable): | | |
| Name of Special Service (If applicable): | | |
| Chapel Date Requested: | | |
| Event Start Time: | Event End Time: | |
| Number of hours required (including set-up and pulling down time): | Number of Persons Expected: | |
| Name of Officiating Clergy: | | |
| Denomination/Movement: | | |
| Address: | | |
| Place Stamp Here | _____ Signature of Clergy | |
| Name of Marriage Officer: (If relevant and different from above) | | |
| Denomination/Movement: | | |
| Address: | | |
| Place Stamp Here | _____ Signature of Clergy | |
| Any other relevant event detail(s): | | |

D. EVENT NEEDS

BASIC NEEDS (Please indicate what from the basic equipment provided you will need for your event and the quantities.):

Standing microphone [] ___ Cordless microphone [] ___ Standing Fan [] ___ Wooden Lectern [] ___
 Entrance Table & Table Cloth [] ___ Communion Table & Table Cloth [] ___ Offering Bag [] ___
 Flower Stand [] ___ Outdoor Speaker Box [] ___

ADDITIONAL (Please indicate what other equipment and support you will need for your event and the quantities where applicable):

Organ [] Upright Piano [] Baby Grand Piano [] Additional Table [] ___ Table Cloth [] ___
 Additional Chair [] ___ Potted Palm [] ___ Additional Security [] ___

Do you have any other event or equipment need? If yes, please state them below:

Preferred musician from Chapel list:

Will there be an admission fee attached to this event?
 YES [] NO [] NOT SURE []

Will monies be collected at this event?
 YES [] NO [] NOT SURE []

Will additional time be needed for your event? YES [] NO [] NOT SURE []

If YES to the above, please indicate how much time you will need and the period.

E. REHEARSAL NEEDS (If applicable)

Will you need the venue for rehearsal(s)? YES [] NO [] NOT SURE []

Rehearsal Date(s):

Rehearsal Start Time(s):

Rehearsal End Time(s):

Equipment needed: Organ [] Upright Piano [] Baby Grand Piano [] OTHER []
 Please specify

Do you have any other rehearsal need? If yes, please state them below:

F. UWI AFFILIATION

Affiliated Individual/Group (if applicable):

Affiliation to the University: Not Applicable []

UWI Affiliates

UWI Student [] UWI Staff [] UWI Alumni [] Friends of the Chapel (Donors) []
 Members of UWI Singers/Chorale [] Major UWI Committee/Board Member []

Other UWI Affiliates

Former Major University Committee/Board Member [] Former member of the University Singers []
 Former member of the University Chorale [] UWI Retiree [] Former UWI Chaplain []
 Former UWI Employee [] Immediate family member in the UWI Affiliates category []
 Staff/Student of UHWI-affiliated schools and UWI-affiliated Colleges/Seminaries/Schools []

Groups

UWI Student Group [] Non-UWI Student Group [] UWI Staff Group [] Non-UWI Staff Group []
 UWI Professional Group/Organization [] Non-UWI Professional Group/Organization [] Church []

Proof of UWI Affiliation submitted (If applicable):

Applicant's Signature:

Date of Application:

G. FEES PAYABLE (Internal Use Only)

| | | | |
|------------------------------------|--|----------------------|--|
| Chapel User Fee | | Additional Security | |
| Rehearsal/Additional Time | | Pianist | |
| Additional Table(s)/Table Cloth(s) | | Organist Fee | |
| Additional Chair(s) | | Baby Grand Piano Fee | |
| Potted Palm(s) | | Upright Piano Fee | |
| Outdoor Speaker Box | | Special Tuning | |

ESTIMATED COST: JA\$

FOR OFFICIAL USE ONLY

UWI Affiliation verified by: _____

Payment Received: _____ Date Paid: _____

Receipt/Payment Confirmation No: _____

Application Approved by: _____ Date: _____

Assistant Registrar

Balance Owed: _____ Next Payment Date (s): _____