



The Chapel of Four Chaplains

1201 Constitution Avenue
The Navy Yard – Bldg. 649
Philadelphia, PA 19112

Tel 215-218-1943 Email: chapel@fourchaplains.org

APPLICATION FOR USE OF FACILITIES - 2026 (Please Print)

1) Name: _____

Address: _____

Phone: _____ Email: _____

2) Date of Function: _____ Time: _____

3) Estimated Attendance: _____ Date/Time of Rehearsal: _____

4) Any pre-arrangements needed: _____

5) Type of Function/Fees: (Please check one) **Checks payable to The Chapel of Four Chaplains.**

- Wedding Ceremony*** \$2,500.00 _____
- Meeting/Seminar (Full day)** \$1,000.00 _____
- Meeting/Seminar (1-4 hours)** \$550.00 _____
- Religious Ceremony** \$250.00 _____
- Chaplain** \$300.00 _____
- Organist/Pianist** \$250.00 _____
- Please ask us about funerals, promotion ceremonies, memorials, meetings or other events.**

A non-refundable deposit of \$300.00 is required with the completed application. This fee is non-refundable!

The balance will be due two weeks prior to the event unless otherwise approved by the executive director.

For weddings or services requiring a chaplain, please indicate if you have a denomination preference: _____
Upon acceptance of our request by The Chapel of Four Chaplains, 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 damage 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 _____

***Veterans serving on Active Duty or in the Guard or Reserve can inquire about free or reduced rates.**