

# BERNICE PAUAHI BISHOP MEMORIAL CHAPEL

## Wedding Application

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_



Application Received: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Office Use Only

**BRIDE:** Full Name: \_\_\_\_\_ Maiden (where applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: Mobile \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: Alternate \_\_\_\_\_

Email: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

KS Affiliation:  Alumni: Year of Graduation: \_\_\_\_\_  Staff Member: Dept./ Division \_\_\_\_\_

Family of Alumni: Full Name \_\_\_\_\_ Year of graduation \_\_\_\_\_

Family of Staff Member: Dept./Division \_\_\_\_\_  Retired or  Current Employee

Church Affiliation: Attend Church?  Yes  No Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

**GROOM:** Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: Mobile \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: Alternate \_\_\_\_\_

Email: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

KS Affiliation:  Alumni: Year of Graduation: \_\_\_\_\_  Staff Member: Dept./ Division \_\_\_\_\_

Family of Alumni: Full Name \_\_\_\_\_ Year of graduation \_\_\_\_\_

Family of Staff Member: Dept./Division \_\_\_\_\_  Retired or  Current Employee

Church Affiliation: Attend Church?  Yes  No Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

**WEDDING CEREMONY:** Requested Date: Day \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

KS Minister Requested: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Guest Minister: Name \_\_\_\_\_ Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Estimated Number of Guests: \_\_\_\_\_ Estimated number of Cars: \_\_\_\_\_ Estimated number in bridal party \_\_\_\_\_

Other Requests: \_\_\_\_\_

### FOR OFFICE USE ONLY

Deposit Received: \$200  Check# \_\_\_\_\_  Cash FUR Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ FUR Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Verbal Confirmation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Confirmation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marriage Info Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

KS Minister: Name: \_\_\_\_\_ Date Confirmed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Wedding Coordinator: Name: \_\_\_\_\_ Date Confirmed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Wedding Organist: Name: \_\_\_\_\_ Date Confirmed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Statement Indemnifying Against Liability Claim

The undersigned individual(s), group and/or organization, his , its or their heirs, personal representatives, successors and permitted assigns, for and in consideration of the Kamehameha Schools ("KS") permitting and allowing the use of the site designated herein jointly and severally agree(s) to indemnify, defend, and hold forever harmless The Kamehameha Schools and its Trustees, employees and agents against any and all loss, liability, demands, claims, suits, actions or proceedings of every name, character and description (including but not limited to attorney's fees and costs which may be suffered or incurred by or brought against KS for or on account of any injuries, wrongful death or damages to any person(s) or property arising directly or indirectly, by or in consequence of the use of or any activity conducted on the designated site or any other KS facility by the undersigned individual(s), group and/or organization. The undersigned hereby certifies that prior to signing on the line provided, it has carefully inspected the site designated herein and accepts the same "as is."

The undersigned further assumes all risks of injury arising out of any condition with the designated site, or in or on any other KS facility, whether such condition is latent or apparent, and waives any and all claims against KS for any injury to person or property which may be sustained by the undersigned as a result of the undersigned's use of the designated site or any other KS facility. The undersigned understands and acknowledges that KS makes no representation or assurance that the designated site or any other KS facility is safe or fit for the undersigned intended use, and the undersigned agrees that the undersigned will be solely responsible for making all appropriate arrangements to ensure that the designated site or other KS facility is safe and fit for the undersigned's intended use.

Any and all physical damage to KS facilities and/or property arising directly or indirectly out of the undersigned's use of the facility shall be repaired and/or replaced by the undersigned within ten days from the event date. In the event that the undersigned fails to satisfactorily repair and/or replace the damage within such period, KS, without waiving any rights, may undertake to repair and/or replace such damage, and the undersigned agrees to reimburse KS for all actual costs incurred plus an administrative cost of 10% of the actual costs, within five days after receipt of the bill.

We have read and understand the ***Guidelines for Weddings at the Bernice Pauahi Bishop Memorial Chapel*** and further agree to be bound by the policies set forth therein.

Signature of Bride: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Groom: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PLEASE RETURN APPLICATION TO:** *APPLICATION MUST BE ACCOMPANIED BY A \$200 DEPOSIT TO SECURE YOUR RESERVATION*

**The Chaplain's Office  
Kamehameha Schools  
1887 Makuakane Street  
Honolulu, Hawaii 96817**

**Telephone: (808) 842-8204  
Fax: (808) 842-8140  
Email: Stnelson@ksbe.edu**