

# Little Harbor Chapel

Baptism Reservation Form- 2013

*PLEASE NOTE THAT THE DATE AND TIME FOR YOUR BAPTISM WILL NOT, UNDER ANY CIRCUMSTANCES, BE ENTERED UPON THE CHAPEL SCHEDULE UNTIL THIS COMPLETED FORM, TOGETHER WITH FULL PAYMENT, IS RECEIVED BY THE MANAGING TRUSTEE'S OFFICE.*

**Please note:**

- Failure to be prompt may result in another person reserving your desired date because their reservation form was received prior to yours.
- Payment in full, subject to Trustee's confirmation alone, confirms your date and time.
- Payment is made as a deposit and it is agreed that this sum shall be forfeited if the baptism is cancelled.
- If you decide not to go forward with the baptism, please notify Mrs. Carol Melchor @ (603) 436-4902.
- MARK YOUR CALENDAR...to call Mrs. Carol Melchor two to three weeks prior to your reserved date (or sooner, if you wish) to discuss preparation of the Chapel, for this special event.

**Chapel rules:**

- The Chapel seats 70, comfortably...80 MAXIMUM. If your guest list exceeds 80, you MUST RESERVE A LARGER FACILITY. Fire laws demand that there be NO STANDING AT THE BACK OF THE CHAPEL.
- If you do over-book, please know that standees will be directed to the out-of-doors RAIN OR SHINE!!!
- Wax candles, oil lamps, incense, luminaries, insect coils, etc. are NOT ALLOWED. You may display battery-run candles (Christmas window lights) as an alternative.
- PEW DECOR...no stapling, wiring or taping of bows/florals to the pews. Ribbon or pipe cleaners may be used as a securing device.

Please note: A copy of this reservation form will be returned to you

**Directive:** Submit this entire form and a check payable to: Little Harbor Chapel

**Please mail to:** Little Harbor Chapel  
P.O. Box 4256, Portsmouth, NH 03802-4256

**THE UNDERSIGNED DOES HEREBY RESERVE LITTLE HARBOR CHAPEL FOR:**

PREVIEW of Chapel @ \$25.00 \_\_\_\_\_, \_\_\_\_\_, 200\_ at \_\_\_\_\_, \_\_.M.  
Day of week month & day year time\*

BAPTISM @ \$200.00 \_\_\_\_\_, \_\_\_\_\_, 200\_ at \_\_\_\_\_, \_\_.M.  
Day of week month & day year time\*

**\* TIME WRITTEN is to be the EXACT STARTING TIME of the PREVIEW, and/or CEREMONY.**

**PLEASE SIGN:**

Parent(s) or Guardian(s) _____	Print Name(s) of person(s) to be baptized: _____
Print Name _____	Age _____
Phone # ( ) _____	Age _____
Address _____	Age _____
City _____ State _____ Zip _____	Age _____

**For office use only:**

THE ABOVE DATE (S) ARE CONFIRMED FOR USE OF LITTLE HARBOR CHAPEL

BY: \_\_\_\_\_ Dated- \_\_\_\_\_

For: Theodore P. Day, Managing Trustee  
Mrs. Carol Melchor, - Telephone / Fax (603) 436-4902

***335 Little Harbor Road, P.O. Box 4256 Portsmouth, NH 03802-4256***