

# Little Harbor Chapel

Memorial Reservation Form- 2013

**PLEASE NOTE THAT THE DATE AND TIME FOR YOUR WEDDING 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 memorial is cancelled.
- If you decide *not* to go forward with the memorial, 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.

**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

A copy of this reservation form will be returned to you

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

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

MEMORIAL @ \$400.00 \_\_\_\_\_, \_\_\_\_\_, 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:**

Print name of person(s) to be memorialized:

Coordinator \_\_\_\_\_/\_\_\_\_\_

Print Name \_\_\_\_\_/\_\_\_\_\_

Phone # ( ) \_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_/\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_/\_\_\_\_\_

**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

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