

MISSION BASILICA SAN DIEGO DE ALCALÁ
Wedding Reservation Form

Groom: _____
Last First Email address

Address City State Zip
Telephone numbers: Work: () _____ Home/Cell: () _____

Bride: _____
Last First Email address

Address City State Zip
Telephone Numbers: Work: () _____ Home/Cell: () _____

Priest/Deacon: _____ () _____
Where Assigned Telephone Number

Address City State Zip

Wedding: _____ Rehearsal: _____
Month Day Year Time Month Day Year Time

Signature of Payor: _____ Date: _____

Received by: _____ Date Paid: _____

Fee: \$900.00 **Deposit: \$300.00 NON-REFUNDABLE** Check # _____ Cash: _____

These are your wedding and rehearsal dates and times. Please note them on your calendar. In the event of a discrepancy, you will need to present a copy of this form with the Mission's signature. To change either your wedding or rehearsal dates or times you must complete a new form after consulting with the priest/deacon performing your wedding. New letters from the priest/deacon will also be required.

BALANCE DUE 30 DAYS PRIOR TO WEDDING.