



WEDDING REQUEST APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE CHURCH OFFICE

BRIDE'S INFORMATION

FULL LEGAL NAME

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

GROOM'S INFORMATION

FULL LEGAL NAME

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

WEDDING:

What package you are looking for? Rose ___ Bronze ___ Silver ___ Gold ___ Platinum _____

Do you desire to host the reception at Church in the Son too? ___ Yes ___ No

Desired Date: _____ Approximate Time: _____

Rehearsal Date: _____ Approximate Time: _____

Secondary Date: _____ Approximate Time: _____

Secondary Rehearsal Date: _____ Approximate Time: _____

*Dates are dependent on Church calendar and the discretion of the Event Coordinator

Desired Officiating Pastor: _____ Approximate Attendance: _____

Before submitting this application, make sure it is filled out, signed, and dated.

Be sure to keep a copy of this application for your records.

For more information, please contact the church office at 407-246-0001 or email us at events@churchintheson.com

Office Use Only: Date Received: ___/___/___ Date Approved: ___/___/___
Final Pastor Assigned: _____ Date ___/___/___
Signature of Pastor Assigned: _____ Date ___/___/___