

WOODLANDS CHURCH – WOODLANDS CAMPUS

WEDDING APPLICATION

Thank you for choosing Woodlands Church for your wedding. Please complete this application and submit it with the applicable fees, so that we may begin working with you for this special event.

BRIDE'S INFORMATION

Name
Email Address
Address
City
State Zip Code
Primary Phone #

GROOM'S INFORMATION

Name
Email Address
Address
City
State Zip Code
Primary Phone #

Is the Bride an established member of Woodlands Church (3 months or greater)?
Is the Groom an established member of Woodlands Church (3 months or greater)?
Are the parents of the Bride/Groom established members of Woodlands Church (3 months or greater)?

If yes, please provide names of parents:

WEDDING INFORMATION

Wedding Date
Rehearsal date
*Approved Wedding time:
*Approved Rehearsal time:
Bride Initials

*Please verify all dates/times with Wedding Director prior to submitting application. You are contracted to use the chapel for 1 hr. on your approved rehearsal date/time and for 3 hrs. and 15 min. on your approved wedding date/time. Failure to comply with your scheduled times may result in the loss of your deposit.

Approved wedding location
Chapel in the Woods
Baptismal Pool
Off-Campus

Expected number of guests
Off-Campus Location

Will you be using a Woodlands Church pastor
Yes
No
WC Pastor
Coord.

If no, please provide the name of the pastor you will be using and the church he is affiliated with:

Name
Church

We attest that we have read the Woodlands Church Wedding Policies & Procedures document and agree to abide by all procedures and guidelines it describes. We understand that if any of these procedures or guidelines is violated, we may lose our deposit or the privilege of being married at Woodlands Church. In this case, the fees we have paid are not refundable to us. All fees must be paid in full 90 days prior to approved wedding date. Late fees will apply. No refunds for cancellations.

Bride's signature
Date

Groom's signature
Date

FEES PAID (for office use)

Damage Deposit Received:
Remainder of Fees: Amount
Date Received:
Check#/MO#
Dep. Ref.
SS
PC
Cal
WS List
WS
Sur
Conf EM
90-day