WOODLANDS CHURCH – WOODLANDS CAMPUS

WEDDING APPLICATION

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Thank you for choosing Woodlands Church for your wedding. Please complete this application and submit it to Woodlands Church along with the required deposit. We look forward to working with you for this special event.

**BRIDE’S INFORMATION GROOM’S INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Bride an established member of Woodlands Church (3 months or greater)? Yes No

Is the Groom an established member of Woodlands Church (3 months or greater)? Yes No

Are the parents of the Bride/Groom established members of Woodlands Church (3 months or greater)? Yes No

If yes, please provide names of parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(all memberships will be verified)

**WEDDING INFORMATION**

Wedding Location: Chapel in the Woods Baptismal Pool *(located behind the main sanctuary)*  Off-Campus

Chapel Wedding Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wedding time: 11am 4pm 7pm (Fri. only)

Chapel Rehearsal date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Rehearsal time: 3pm-4pm 4pm-5pm

Baptismal Pool Wedding Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10am (Sati. Only 6pm (Fri. only during Daylight Savings Time)

Expected number of guests \_\_\_\_\_\_\_\_\_\_ Off-Campus Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*You are contracted to use the chapel for 1 hr. on your rehearsal date/time and for 3 hrs. and 15 min. on your wedding date/time. Failure to comply with your scheduled times may result in the loss of your deposit.*

Will you be using a Woodlands Church pastor Yes No *(for office use)* *WC Pastor\_\_\_\_\_\_\_\_\_ Coord.\_\_\_\_\_\_\_\_\_*

If no, please provide the name of the officiating pastor 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 them. 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)*

Retainer Received: Yes No Amt.\_\_\_\_\_\_\_\_\_Date Received: \_\_\_\_\_\_\_\_\_\_ Reference # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remainder of Fees: Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check#/MO# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Dep. Ref.\_\_\_\_\_\_\_\_\_ SS\_\_\_\_\_ PC\_\_\_\_\_ Cal\_\_\_\_\_ WS List\_\_\_\_\_ WS\_\_\_\_\_\_\_ Sur\_\_\_\_\_\_\_\_ Conf EM\_\_\_\_\_\_\_\_\_ 90-day\_\_\_\_\_\_\_\_*