## WOODLANDS CHURCH – WOODLANDS CAMPUS



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 Ac	ddress
Address	Address	·
City	City	
State Zip Code	State	Zip Code
Primary Phone #	Primary	Phone #
Is the Bride an established member of Wood	lands Church (3 months or	greater)?
Is the Groom an established member of Wo	odlands Church (3 months o	or greater)? 🔲 Yes 🔲 No
Are the parents of the Bride/Groom establish	ned 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 Woo	ds 🔲 Baptismal Pool (/o	cated behind the main sanctuary) Off-Campus
Chapel Wedding Date: W	/edding time: 🔲11am	4pm 7pm (Fri. only)
Chapel Rehearsal date: R	ehearsal time: 🔲 3pm-4p	pm 🔲 4pm-5pm
Baptismal Pool Wedding Date:	10am (Sati. O	nly 6pm (Fri. only during Daylight Savings Time)
Expected number of guests	Off-Campus Location	
You are contracted to use the chapel for 1 hr. or comply with your scheduled times may result in the		I for 3 hrs. and 15 min. on your wedding date/time. Failure to
Will you be using a Woodlands Church past	or Yes No	(for office use) WC Pastor Coord
If no, please provide the name of the officiat	ing pastor and the church he	e is affiliated with:
Name	Churc	h
understand that if any of these procedures of	r guidelines is violated, we n ve have paid are not refunda	Procedures document and agree to abide by them. We may lose our deposit or the privilege of being married at able to us. All fees must be paid in full 90 days prior to .
Bride's signature		Date
Groom's signature		Date
FEES PAID (for office use)         Retainer Received:         Yes         No	AmtDate Reco	eived: Reference #
		Check#/MO#

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