INFORMATION FORM /REQUEST TO BOOK WEDDING AT SOUTHMINSTER

Wedding Date	Time:	in Sanctuary	' or	in Chapel	
Wedding Rehearsal Date	Ti	mels o	ls our Pastor to officiate?		
Couple:				(yes/no)	
	&				
Participant's name	&	Participant's	name		
Address	City		State	Zip	
(for main contact)		Phone number			
Couples' preferred email addre	ess				
Your church				- <u>-</u>	
church name			church	location	
Is this your first marriage?	For bo	th?	_		
Who will be the Primary Conta	ct Person?				
Relationship to couple		(ex: brid	le/groom/bo	th/planner/parent)	
Contact's preferred method of	communication _		(ema	uil/phone/text/any)	
Email	Phone		Alternate		
Total Number of Attendants	(Bridesr	maids, Groomsm	en, Honor A	ttendants, Ushers)	
Witnesses names		&			
Other Participants (ex:Greeters	s/Readers/Soloist)	? Will y	ou dress at t	the church?	
Number of GuestsOr	gan Music	Soloist	Numbe	er of Rings	
Photographer		phone # (day of	wedding)		
Florist Designer		phone # (day of	wedding)		
Care to reserve the Dining Hall	for your Wedding	Reception?	Rehears	al Dinner ?	
Address after the wedding, if c	lifferent from abov	/e.	State	Zip	
	F	hone number			
FOR OFFICE USE Date Deposit Received					
Date Entered in Church Regist					