

Reception

Our reception will be at: _____

Address: _____ Phone: _____

Acceptance of Responsibility

We accept full responsibility for any claims against or damages caused to the church facilities or furnishings by our wedding participants or guests.

Signature: _____ Date: _____

Signature: _____ Date: _____

Church Use Only

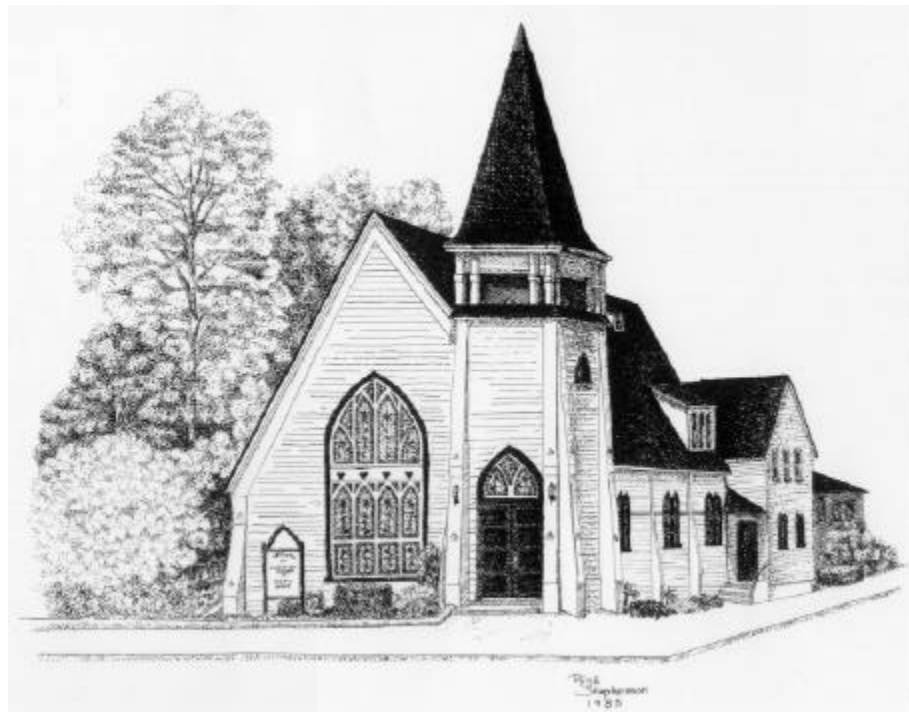
Date request was received _____, 20__

\$250 Non-Refundable Deposit Received
(Required to Reserve the Church): _____

The balance of the fee will be paid at the rehearsal.

Notifications: __Pastor __ Organist __ Hostess __ Couple

Request for Wedding Services



Please fill out this request as completely as possible
and return it to:

The Christian Church of Pacific Grove
442 Central Avenue
Pacific Grove, CA 93950
(831) 372-0363 Fax

E-mail: churchoffice@pacificgrovechurch.org
www.pacificgrovechurch.org

This application request, along with a check in the amount of **\$250.00** made out to The Christian Church, must be signed and dated. The church will confirm the date and time of the wedding after coordinating with the pastor and the church hostess.

Date of Wedding: _____ **Time:** _____

Rehearsal Date: _____ **Time:** _____

Full Names of Couple to be Wed:

Home Address(es):

Phones:

E-mail: _____

Wedding Planner: _____

Phone: _____ **E-mail:** _____

Officiant: _____

Phone: _____ **E-mail:** _____

Florist: _____

Phone: _____ **E-mail:** _____

Photographer: _____

Phone: _____ **E-mail:** _____

Videographer: _____

Phone: _____ **E-mail:** _____

Limo Service: _____

Phone: _____ **E-mail:** _____

Number of guests expected:

How many in the bridal party: