

Wedding

Bride/Groom

Phone:

Email:

Groom/Bride

Phone:

Email:

Parents: _____

Parents: _____

Facilities to be used, days and hours:

Rehearsal:	Date:	Time:	Hours:
	Sanctuary ____ Chapel ____	Dining Room ____	Gilmore Lounge
Wedding:	Date:	Time:	Hours:
	Sanctuary: Mary/Martha Room	Chapel ____ Nursery ____	Mayflower/Gilmore Lounge Dining Room ____

Name of Minister Officiating:

Organist :

Other Musicians:

Sound System: ____ Officiant Mic; ____ Reader(s) mic; ____ Soloist mic; ____ other _____

Audio Recording: _____

Housekeeping: Deb Zandt

Wedding Hostess: Dianne Roberts

Wedding Planner: _____

Photographer: _____

PICTURE SCHEDULE: TO BE PROVIDED BY PHOTOGRAPHER
(Pictures before? After? Inside – Outside?)

Bridesmaids: _____

Groomsmen: _____

Ushers: _____

Flower Girl: _____
Ring Bearer: _____

(Special Instructions:)
(Step Parents/Deceased Parents/Step Children/Parent/Children Participation)

Special Guests (Grand Parents/Step Parents/ Siblings – etc)
(For seating purposes): _____

Flowers _____
Candles _____
Decorations _____
Transportation _____ (limo/carriage/bus for wedding party)
Candelabras _____
Kneeling Bench _____
Pedestals: _____
Unity Candle/Sand _____

Receiving Line _____

Other Special Instructions: _____

