



WEDDING PLANNING FORM

PERSONAL INFORMATION

Bride's Full Name: _____

Address: _____

Phone: _____ Email: _____

Groom's Full Name: _____

Address: _____

Phone: _____ Email: _____

Ceremony Date: _____ Ceremony Time: _____

Ceremony Location: _____

Rehearsal Date: _____ Rehearsal Time: _____

Rehearsal Location: _____

Reception Location: _____

Pastor: _____ Estimated Number of Guests: _____

CEREMONY FEES

Sanctuary Wedding: \$400 Prayer Garden Wedding: \$600 \$ _____

Fellowship Hall: \$50 \$ _____

Total Fees Due 1 month prior to the Ceremony (checks payable to First Lutheran) \$ _____

ACKNOWLEDGEMENT

____ We understand that SMOKING is not permitted inside First Lutheran Church and have been instructed to use the outdoor waste receptacles provided.

____ We understand that ALCOHOLIC BEVERAGES are not permitted inside First Lutheran Church, nor may they be consumed in the church parking lot. Those consuming alcoholic beverages will be asked to leave, and the Pastor will not begin the service until those consuming it have been removed.

____ We understand that the total fees for our wedding are due 1 month prior to the ceremony, ____/____/____.

We agree to comply with church rules and regulations regarding church weddings and church receptions. We understand that the church is not responsible for the loss or damage to personal property used in the wedding or reception.

Bride's Signature: _____ Date: _____

Groom's Signature: _____ Date: _____