



Thank you for considering Calvary Lutheran Church for your wedding day. Please fill out the information below and return it with your non-refundable deposit of \$150 to reserve the date you are requesting.

Our request for a wedding date is: _____

Printed Name of Bride

Printed Name of Groom

Current Address: _____

Current Address: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

By signing below, you signify that you have read and agree to the policies outlined in the Calvary Lutheran Church Wedding Booklet.

Bride Signature

Groom Signature

Date Signed

Date Signed

OFFICE USE ONLY:			
____ Dep.	____ Date	____ Checklist	____ Wedding Coordinator Contacted