

Application for Wedding
Grace United Methodist Church

Bride's name: _____

Address: _____

Phone: _____ **Cell** _____

E-mail: _____

Groom's name: _____

Address: _____

Phone: _____ **Cell** _____

E-mail: _____

I understand and agree to the Grace United Methodist Church regulations for the wedding to be held in the sanctuary ____ chapel ____ on _____, _____ at _____.

Officiating Clergy Preference: _____

Signatures:

Bride: _____

Groom: _____

Wedding Coordinator: _____

Approval date: _____

Please return this form to:
Grace United Methodist Church
Attention: Chris Rowe
3012 S. Twyckenham Drive
South Bend, IN 46614

A signed copy of this approved application will be mailed to you and a \$100.00 deposit will be required within 10 days following the approval of your application. Please make your check payable to Grace United Methodist Church and mail to the above address.