

## Wedding Ceremony Planning Worksheet

Wedding of: \_\_\_\_\_ & \_\_\_\_\_

Ceremony Date: \_\_\_\_\_ Ceremony Time: \_\_\_\_\_

Estimated # Of Guests: \_\_\_\_\_

Rehearsal Date: \_\_\_\_\_ Rehearsal Time: \_\_\_\_\_

Officiant Performing the Ceremony: \_\_\_\_\_

Contact information, if not from Trinity:

\_\_\_\_\_

Who will be the main contact person for the wedding?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Facility / Technology Requests

- |                          |                  |              |
|--------------------------|------------------|--------------|
| <input type="checkbox"/> | Wedding          | \$500        |
| <input type="checkbox"/> | Video            | \$75         |
| <input type="checkbox"/> | Rehearsal Supper | \$75         |
| <input type="checkbox"/> | Reception        | <u>\$100</u> |

**Total:** \_\_\_\_\_

A Deposit of \$100 is needed to reserve your date. Final payment is to be made one month prior to wedding date.

(over)

If we are hosting your reception, number of guests: \_\_\_\_\_

Please use this space to share any tech needs you are hoping for...  
Wedding:

Reception:

Catering Service: \_\_\_\_\_

*(Please have the caterer contact the Communications Director at least 48 hours prior to the wedding for set up/delivery arrangements.)*

**By signing below, you acknowledge that you have read through Weddings at Trinity and agree to Facility Use Guidelines for Weddings.**

Signature of the Bride: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Groom: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Communications Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Trinity Pastor/Elder: \_\_\_\_\_ Date: \_\_\_\_\_

Congratulations, and may you continue to glorify God in the journey ahead!

(In the event a wedding is cancelled, a full refund will be given.)