

Wedding Planning Worksheet (Hospers Campus)

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 | \$150 |
| <input type="checkbox"/> | Rehearsal Supper | \$50 |
| <input type="checkbox"/> | Reception | <u>\$50</u> |

Total: _____

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

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 our Administrative Assistant 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 Admin. Assistant : _____ 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.)