



# TCWW Wedding Application

Member     Non-Member

## Bride's Personal Information

**Full Name** \_\_\_\_\_ **Member #** \_\_\_\_\_  
*Last First M.I.*

**Address** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State Zip Code*

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

## Groom's Personal Information

**Full Name** \_\_\_\_\_ **Member #** \_\_\_\_\_  
*Last First M.I.*

**Address** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State Zip Code*

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

## Wedding Ceremony

### First Choice

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

- Queenston:**     Worship Center     Prince Chapel     The Chapel
- Eldridge:**     Worship Center
- Bingle:**     Worship Center

**Rehearsal Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Second Choice**

Date \_\_\_\_\_ Time \_\_\_\_\_

**Queenston:**       Worship Center       Prince Chapel       The Chapel

**Eldridge:**       Worship Center

**Bingle:**       Worship Center

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

**Minister to Perform Ceremony**

**First Choice**

Name \_\_\_\_\_ Phone \_\_\_\_\_

If co-officiating, Minister's Name \_\_\_\_\_

Church & Address \_\_\_\_\_

**Second Choice**

Name \_\_\_\_\_ Phone \_\_\_\_\_

If co-officiating, Minister's Name \_\_\_\_\_

Church & Address \_\_\_\_\_

**Reception and Contractors**

**Queenston:**       Fellowship Hall       Choir Room

**Eldridge:**       Fellowship Hall

**Bingle:**       Fellowship Hall

Organist/Pianist:       Yes       No      Name \_\_\_\_\_ Phone \_\_\_\_\_

***We have read and understand the Wedding Policies and agree to uphold them and ensure that the contractors and members of the wedding party will abide by them.***

**Bride Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Groom Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Administrative Use Only**

Date Received \_\_\_\_\_

Deposit Received \_\_\_\_\_

Location Approval: First Date \_\_\_\_\_

Second Date \_\_\_\_\_

Calendar Approval \_\_\_\_\_

Minister Approval \_\_\_\_\_