## Calvary United Methodist Church Wedding Request Application

| Date requested:                               |                         |                             | _    |  |
|---|-------------------------|-----------------------------|------|--|
| Date requested:   1st choice  Time requested: |                         | 2 <sup>nd</sup> choice      |      |  |
| Pastor preference:                            | 1 <sup>st</sup> choice  | 2 <sup>nd</sup> choice      |      |  |
| Space requested:                              |                         | 00) Chapel (seats up to 90) |      |  |
| Full Name:                                    | Bride's InformationAge: |                             |      |  |
| Mailing Address:                              |                         |                             |      |  |
| Email:  |                         |                             |      |  |
|   |                         | Work:                       |      |  |
| Best time to contact:                         | -44 KeV                 |                             |      |  |
| Religious background:                         |                         | Member at Calvary: Yes No   |      |  |
| Marital Status:                               |                         | Children: Yes # No          |      |  |
| Occupation:                                   |                         |                             |      |  |
|   | Groom's In              | <u>formation</u>            |      |  |
| Full Name:                                    |                         | Age:                        | Age: |  |
| Mailing Address:                              |                         |                             |      |  |
| <br>Email:                                    |                         |                             |      |  |
| Phone: Home:                                  | Cell:                   | Work:                       |      |  |
| Religious background:                         |                         | Member at Calvary: Yes No   |      |  |
| Marital Status:                               |                         | Children: Yes # No          |      |  |
| Occupation:                                   |                         |                             |      |  |
| Additional Information                        | n:                      |                             |      |  |
|   |                         |                             |      |  |
|   | 2 2 2                   |                             |      |  |

Submit completed wedding application with \$100 scheduling deposit to Calvary UMC, Att'n: Wedding Coordinator, 131 West 2<sup>nd</sup> Street, Frederick, MD 21701. Please indicate "wedding deposit" and requested date of the wedding on the check.

| For office use only:  |         |                  |  |
|---|---------|------------------|--|
| Date request received:  |         |                  |  |
| Confirmation of availability:                                     |         |                  |  |
| Date and time Pastor Organist Custodian WC Check for any major of |         | Baker Park       |  |
| Initial meeting date:   |         |                  |  |
| Receipt of Scheduling Deposit:                                    | Check # | Date received: _ |  |
| Receipt of Final Payment:   | Check # | Date received: _ |  |
| NOTES:  |         |                  |  |