## DECATUR PRESBYTERIAN CHURCH Wedding Reservation Request

Party 1 (full r	name):			
Mailing Addr	ess:			
Telephone: (home)		(office)	(cell)	
Email Addres	ss(es):			
Party 2 (full r	name):			
Mailing Addr	ess:			
Telephone: (home)				
			-	
Rehearsal: Date:		Time:	Wedding: Date:	Time:
Location:	☐ Sanctuar	y (seats 750 comfortably)	☐ Chapel (seats 100 comfortably)	
Candelabra: <i>(optional)</i>		Dressing Rooms needed:	☐ (Main Level McGeachy Classro☐ (Session Room)	oom across from Keith Parlor)
		ninister to take part in the c	veremony, please provide <b>address</b> an	<u> </u>
	ved Organist: er musicians ar		Name:	
*Florist Con	tact:			
Reception:		llowship Hall		
•		•	a bisewhere	
				<del></del> -
Mailing Addi	ess of the Cou	ple after marriage (for our r	recoras):	
refundable de balance of the I hav	eposit of one-he e fee is due no ve read the D	alf of the fee must be paid b later than one (1) month pr	urch Wedding Handbook, and	the church calendar. The
Signed:			Date:	
Print name:			<u></u>	
For Church C	Office Use Only	y:	Members?: Party	1: Y N Party 2: Y N
	tion received:		<u> </u>	Copy to:
Date to Sr. N	Minister Office:	1 otal Fee: \$		Copy to: Sr. Minister Worship Council Financial Administrator
Date to Worship Council:		Payment (dep		Minister of Music
Date approved by Session:		Please note '	'For Wedding" of "date" on your che ance):	Custodial Staff  Church Administrator

<sup>\*</sup> We do not have to have this information for you to submit this form, but ask that you please provide the information to us as soon as you have secured these services. Rev. 5/16/16