Luther Memorial Church Wedding Application/Contract

Member Non-Member

Wedding Date_____/_____/_____ Rehearsal Date_____/_____/_____

Time_____ Time_____

Please list which Saturday pre-marital session you will be attending: _____

(contact Pr. Brad Pohlman (pohlman@luthermem.org; 285-3160 ext. 13) for current dates)

Bride

Full name_____

Address _____

_____

Home phone _____

Work phone _____

Cell phone _____

E-mail_____

Church Membership _____

Groom

Full name _____

Address_____

_____

Home phone _____

Work phone_____

Cell phone _____

E-mail _____

Church Membership _____

Alternate contact

Relationship to couple _____

Full name_____

Address _____

_____

_____

Home phone_____

Work phone _____

Cell phone _____

E-mail _____

We, the undersigned, have read and understand the LMC Wedding Handbook and agree to comply with the wedding and building use policies of LMC as outlined in the Wedding Handbook and the decisions of the LMC Staff.

Print Name _____ **Sign** _____ **Date** ____/____/_____

Print Name _____ **Sign** _____ **Date** ____/____/_____

Office use only *(Payments will be accepted AFTER Wedding date has been approved)*

Deposit Due $ _____ *(50% of wedding fee)* Date paid_____/_____/ _____ Amount Paid $_____ Staff_____

Cash Check (#_____) Credit (Visa/Mastercard/Discover)

Final Amount Due $ _____ Date paid _____/_____/ Staff_____

Cash Check (#_____) Credit (Visa/Mastercard/Discover)