

Date of Wedding:	Time: □ 1:00 p.m. □ 4:00 p.m. □ 7:00 p.m.
Location: □ Sanctuary □ Chapel	Member or Non-Member:
Name 1: First MI Last Date of Birth:	First MI Last Date of Birth:
Address: Street City State Zip	Address: Street City State Zip
Phone:	Phone:
Email:	Email:
Church Affiliation:	Church Affiliation:
Parent Name(s):	
have received and understand The Peoples Chu ensure contactors and members of the wedding	rch Wedding Guidelines and agree to uphold them and party will abide by these policies. I agree to pay all fees inform the florist and photographer of the guidelines that
further understand that if these rules are NOT for the church reserves te right to cancel the service.	followed, or fees are not paid in full before my wedding, the
Signature 1	Signature 2
Date	

Return form to: The Peoples Church, attn: Wedding Coordinator

Form Updated: 10/11/2021