

WEDDING APPLICATION

NAME OF BRIDE	
ADDRESS	
PHONE NUMBER	
NAME OF GROOM	
ADDRESS	
PHONE NUMBER	
WEDDING DATE	TIME
REHEARSAL DATE	TIME
NAME OF MINISTER	PHONE
NAME OF ORGANIST OR PIANIST	PHONE
NAME OF FLORIST/DECORATOR	PHONE
FEES: The fee for the Sanctuary is \$200. required. The fee for the Fellowship Hall	.00 and cleaning deposit of \$100.00 (refundable) is I is 100.00.
•	r to rehearsal date or before. Should a wedding be eturned. Cleaning deposit will be returned after facilities
PLEASE MAIL FEE ALONG WITH THIS APPLICATION TO:	NEW HOPE CUMBERLAND PRESBYTERIAN CHURCH P.O. Box 1215 Lebanon, TN 37088-1215 ATTN: Wedding Director
(Check or Money Order payable to NEW HOPE CUMBERLAND PRESBYTERIAN CHURCH – please do not send cash)	
	for Use of Facilities." My signature indicates my acceptance of ewedding party, photographers, florist, musicians, persons in g guests of these conditions.
	X
	Home Phone

Cell Phone_____