

# North Shore Congregational Church

Fox Point WI

## REQUEST TO SCHEDULE A WEDDING

Bride's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Bride's Parents' Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

---

Groom's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Groom's Parents' Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

---

Wedding Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Rehearsal Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Place of Wedding (Name if other than North Shore) \_\_\_\_\_

(Address) \_\_\_\_\_

We Request the use of the: Sanctuary (Main level, Seats 350) \_\_\_\_\_

Chapel (2<sup>nd</sup> Level, Seats 50) \_\_\_\_\_

Approximate number of guest in attendance \_\_\_\_\_

---

---

Continued on next page

## Scheduling Your Wedding Date

Your wedding date will be secured on the church calendar when you return this wedding form to the Church Office. Please return both copies of this form, along with a deposit of \$250. \$50.00 of this deposit is for your Wedding Registration Fee. \$200.00 of the deposit will be a credit toward your total wedding fees. We will acknowledge receipt of the form and deposit and return a copy to you.

YOU MUST RETURN THIS FORM TO US WITHIN 30 DAYS AFTER YOUR CONVERSATION WITH THE CHURCH OFFICE RESERVING THE DATE IN ORDER TO ASSURE THAT YOUR DATE IS RESERVED.

Please fill in the amounts from the fee schedule:

Wedding Registration Fee	\$	<u>50.00</u>
Use of Facility	\$	_____
Minister	\$	<u>400.00</u>
*Custodial Services(Mandatory)	\$	<u>125.00</u>
Organist Fee - Payable directly to organist <u>at the time of the</u> <u>wedding.</u>	\$	_____
Wedding Coordinator - Mandatory for Non-Members	\$	_____
Optional Altar Candelabras	\$	_____
Wedding Programs/Bulletins	\$	_____
Total		_____

Office Only

Date Application Received: \_\_\_\_\_

Date Reserved: \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Less: Deposit \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Signed: \_\_\_\_\_

FOR NORTH SHORE CONGREGATIONAL CHURCH