

Wedding Reservation Request Form

NOTE: No reservation is finalized until you receive confirmation from us. Please confirm that your date is available on both our church and pastor's calendar (if you are asking for his leadership)before submitting your request. Also, please review all church policies.

Today's date: _____ Date of your wedding: _____
Time of wedding: _____ Place of service: ___ chapel___ sanctuary
Date of Rehearsal: _____ Time of rehearsal: _____
Church is open 1 hour before the wedding time. More time can be arranged for an additional fee.

__ *I have read all church policies, including photography policies and fees schedules.*

CONTACT INFORMATION:

Bride's name: _____
Home address: _____ City _____ Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail address: _____
Church Membership: _____

Groom's name: _____
Home address: _____ City _____ Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail address: _____
Church Membership: _____

Other contact person information: _____

*Officiating guest pastor name: _____
Guest Pastor's church name and denominational affiliation (Guest pastors must be approved by our governing board): _____

Phone: _____
Address: _____
E-mail address: (if he/she has one and uses it) _____

Date of initial meeting with CPC's Pastor: _____

Do you wish to engage our organist/pianist for your wedding? ___ Yes ___ No ___

NOTE: If using organ, our organist has the right of first refusal!

Nonmembers must send in a non-refundable deposit (\$100) to reserve your date and time.

Your Signature: _____

_____ Date: _____

Please allow 4-6 weeks for processing. **Covenant Church:** 816 Olive Street, Scranton, PA 18510
(For office use only: Confirmed by Session: _____)