



Wedding Request Form

BRIDE

FIRST & LAST NAME

ADDRESS

CITY

STATE ZIP

PRIMARY PHONE

EMAIL

FATHER: _____

MOTHER: _____

GROOM

FIRST & LAST NAME

ADDRESS

CITY

STATE ZIP

PRIMARY PHONE

EMAIL

FATHER: _____

MOTHER: _____

REQUESTED _____ **TIME:** _____
WEDDING DATE: (MM/DD/YYYY)

REQUESTED _____ **TIME:** _____
REHEARSAL DATE: (MM/DD/YYYY)

REHEARSAL DINNER

- ON CAMPUS—SELF CATERED**
- ON CAMPUS—FBCO CATERED**
- OFF CAMPUS**

RECEPTION

- ON CAMPUS—SELF CATERED**
- ON CAMPUS—FBCO CATERED**
- OFF CAMPUS**

ADDITIONAL NOTES:

For office use:

COORDINATOR: _____
NAME PHONE

MINISTER: _____
NAME PHONE

EMAIL CHURCH