

**WEDDING FACILITIES FORM
FIRST PREBYTERIAN CHURCH, GREER,**

Please complete the following and return to the Church Office no later than TWO WEEKS AFTER RESERVING your wedding date on the church calendar.

WEDDING

Wedding Date: _____ Wedding Time: _____ Number of guests: _____

Bride's name: _____

Bride's address: _____

Bride's e-mail: _____ Phone: (Work) _____ (Cell) _____

Contact Person (if other than bride): _____ Relationship: _____

E-mail _____ Phone: (Work) _____ (Cell) _____

Groom's name: _____

Groom's e-mail: _____ Phone: (Work) _____ (Cell) _____

Pastor(s) performing ceremony: _____

Phone _____ E-mail _____

Organist _____ Phone # _____

E-mail _____

Other Musicians _____

Do you need a _____ dressing area for girls; _____ dressing area for guys the day of the wedding?

REHEARSAL

Rehearsal Date: _____ Rehearsal Time: _____

Will the Rehearsal Dinner be held at the Church? _____ Number of guests _____

Person responsible for the Rehearsal Dinner _____

Phone _____ E-mail _____

Caterer _____ Phone _____

Please note below in detail any special needs for the rehearsal: (please attach a sheet if you need additional room)

RECEPTION

Will the Reception be held at the Church? _____ Number of guests _____

Caterer _____

Please note below in detail any special needs for the wedding day: (please attach a sheet if you need additional room)

