

South Canyon BAPTIST CHURCH

Bride's full name _____	Groom's full name _____
Address _____	Address _____
City _____ St. _____ Zip _____	City _____ St. _____ Zip _____
Phone (H) _____ Date of birth _____	Phone (H) _____ Date of birth _____
Previous Marriage? YES NO	Previous Marriage? YES NO
Do you have children? If "Yes," ages: _____	Do you have children? If "Yes," ages: _____
South Canyon Baptist Church Member: YES NO	South Canyon Baptist Church Member: YES NO
If "No," Church affiliation _____	If "No," Church affiliation _____
E-mail address: _____	E-mail address: _____

TYPE OF EVENT:

☐ WEDDING ☐ WEDDING AND RECEPTION ☐ RECEPTION ☐ REHEARSAL DINNER

DATE(S) DESIRED: _____

EVENT TIMES REQUESTED:

Please write the exact time each event will take place.

All events will be completed by 11:00 p.m. Monday-Friday, and 10:00 p.m. on Saturday

REHEARSAL: Date: _____ Rehearsal time: _____ Ending time: _____

DINNER: Date: _____ Dinner time: _____ Ending time: _____

WEDDING: Date: _____ Ceremony time: _____ Ending time: _____

RECEPTION: Date: _____ Reception time: _____ Ending time: _____

Minister _____

Guest Minister: Name of Church _____ Phone _____

Address of Church _____

- I understand that all applications to use the facility will be routed through the Business Administrator and the Elder Board, and that the Elder Board has the ultimate authority, without explanation, to accept or reject any use of the facility.
- I have read and understood the *Wedding Policy Handbook* and agree to uphold the policies and procedures in the *Handbook*, and I will ensure that contractors and members of the wedding party will abide by the policies as well.

Bride: _____ **Groom:** _____ **Date:** _____

Elder Board Representative: _____ **Date:** _____