

WEDDING APPLICATION

St. Johannes Lutheran Church

DATE: _____

(843) 722-8906

Email: office@stjohanneschurch.org

Full Name of Groom: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell): _____

Email: _____

Date of Birth: _____ Church Affiliation: _____

Full Name of Bride: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell): _____

Email: _____

Date of Birth: _____ Church Affiliation: _____

Date and Time of Wedding: _____ Guests expected: _____

Date and Time of Rehearsal: _____ Guests expected: _____

Number of Bridal Attendants: _____ Number of Groomsmen: _____

We will not confirm and reserve the date/time for your wedding until your application - along with a \$250 deposit - is received. Reservations are held for two weeks following the initial conversation/meeting as a grace period to allow cancellation without penalty. After this period, the wedding date becomes confirmed and the deposit will be processed as a nonrefundable fee.

**After printing out this form, please sign and date below and return with your deposit.*

Make checks payable to: St. Johannes Lutheran Church

(please note in the memo line the date and name of wedding)

Our mailing address is: St. Johannes Lutheran Church, 48 Hasell St, Charleston, SC 29401

SIGNATURE: _____ DATE: _____

To be completed by office

Deposit Rec'd: Date: _____ Amount: _____ Check Cash

Final Payment Rec'd: Date: _____ Amount: _____ Check Cash