 Third CHURCH

*500 Forest Avenue, Henrico, VA 23229*

*804.282.4645 Fax: 804.282.599*2

## Wedding Request Form *Complete Electronic File and e-mail to AndiR@thirdrva.org*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BRIDE’S INFORMATION  Third Member  EEF Member  CWC Member  CAC Member  RegularAttender | | | | | | | | | | | | | | | | | | |
| *Full Name:* | | |  | | | | | | |  | | | | | | |  | |
| Last | | | | | | | | | | First | | | | | | | M.I. | |
| Address: |  | | | | | | | | | | | | | | | |  | |
|  | | Street Address | | | | | | | | | | | | | | | Apartment/Unit # | |
|  |  | | | | | | | | | | | |  | | | |  | |
|  | | City | | | | | | | | | | | State | | | | ZIP Code | |
| Home Phone: | | | | (     )     - | | | | | Work Phone: | | | (     )     - | | | | | | |
| Cell Phone: | | | | (     )     - | | | | | E-Mail: | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| GROOM’S INFORMATION  Third Member  EEF Member  CWC Member  CAC Member  RegularAttender | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | |  | | | | | | |  | |
| Last | | | | | | | | | | First | | | | | | | M.I. | |
| Address: |  | | | | | | | | | | | | | | | |  | |
|  | | Street Address | | | | | | | | | | | | | | | Apartment/Unit # | |
|  |  | | | | | | | | | | | |  | | | |  | |
|  | | City | | | | | | | | | | | State | | | | ZIP Code | |
| Home Phone: | | | | (     )     - | | | | | Work Phone: | | | (     )     - | | | | | | |
| Cell Phone: | | | | (     )     - | | | | | E-Mail: | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| \*Note: Only one wedding will be scheduled on any given Saturday. 6:00 pm is the latest a wedding may begin. Receptions being held at Third on Saturday must end by 10:00 pm to allow the Fellowship Hall to be set up for the Sunday worship service. | | | | | | | | | | | | | | | | | | |
| WEDDING DETAILS | | | | | | | | | | | | | | | | | | |
| Wedding date requested: | | | | | /    / | | Time: |  | | | Est. # of guests: | | | | |  | | |
| Reception at Third? | | | | | Yes  No | | Time: |  | | | Est. # of guests: | | | | |  | | |
| Rehearsal at Third? | | | | | Yes  No | | Time: |  | | |  | | | | | | | |
| Rehearsal dinner at Third? | | | | | Yes  No | | Time: |  | | | Est. # of guests: | | | | |  | | |
| Requested Minister to Officiate: | | | | | |  | | | | | | | | | | | |
| Requested Third Wedding Coordinator: | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| *I will adhere to Third’s wedding policies and procedures.* | | | | | | | | | | | | | | | | | | |
| Signature of Applicant: | | | | |  | | | | | | | | | Date: | /    / | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |