



TRACY COMMUNITY CHURCH

First Assembly of God

Wedding Application

GROOM: _____

Address: _____

City/Zip: _____

Phone: _____ Work: _____

BRIDE: _____

Address: _____

City/Zip: _____

Phone: _____ Work: _____

MINISTER:

Minister who will perform the ceremony: _____

(If minister is not on TCC staff, please complete the following.)

Church Affiliation: _____

Denomination: _____

Church Address: _____

City/Zip: _____

Ministers Home Address: _____

Phone: _____ Work: _____

Important: If you plan to have a guest minister, please complete all of the above guest minister information, before submitting, to avoid delay in confirming your application.

CHURCH:

Date of Wedding: _____ Alternate: _____

Church reserved with wedding coordinator: _____

(If you are not having the wedding in the TCC sanctuary, please complete the following information.)

Name of Church, Hall or Park: _____

Address: _____

Phone: _____ Contact Person: _____

Do they require a letter or recommendation from our minister?

() yes () no (If yes, please complete the following.)

Name: _____

Address: _____ Phone: _____

If not, do you have somebody who will coordinate? ()yes () no

Name: _____

Address: _____ Phone: _____

Would You like us to provide a wedding coordinator ()yes ()no

We have both read the wedding booklet regarding arrangements, counseling procedures and fees and understand what is expected of us. Our signature on this application signifies our willingness to meet these requirements.

Groom's Signature

Date:

Bride's Signature

Date:

Pastor's Signature

Date: