



First Congregational Church of Saugatuck Wedding Date Request Form

We understand that our wedding date request is subject to the approval of the Board of Trustees.

For Office Use Only

Board of Trustee Approval:

Yes _____ No _____

Date of Approval:

Deposit Received:

Yes _____ No _____

Pastor Available:

Yes _____ No _____

Couple Notified:

Yes _____ No _____

Wedding Party Information

Spouse's Name: _____

Phone: _____

Email: _____

Spouse's Name: _____

Phone: _____

Email: _____

Primary Contact's Address

Address: _____

Next Steps

Upon approval by the Board of Trustees, the Office Manager will forward a *Couple's Info Form* to be completed by the couple and returned, along with the refundable Security Deposit of \$100. Completion of this process reserves your date.

Make your check payable to:
"First Congregational Church".

Ceremony Information

Wedding Date & Time _____

Rehearsal Date & Time _____

Approximate Number of Guests _____

Requesting FCC Saugatuck Minister Yes _____ No _____

Ceremony to be held at: Sanctuary _____ Chapel _____ Offsite _____

Other Requests

