

WEDDING APPLICATION
St. Johannes Lutheran Church

DATE: _____

(843) 722-8906

Email: stjohanneschurch@aol.com

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 _____

Number of Bridal Attendants _____ Number of Groomsmen _____

We will not confirm and reserve the date/time for your wedding until your application along with \$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.

Please sign and date below and return with your deposit. Make checks payable to: St. Johannes Lutheran Church and note in the memo line the date and name of wedding. The 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