



# Memorial Park

An Evangelical Presbyterian Church

8800 Peebles Road, Allison Park, PA 15101

Phone: 412-364-9492 Fax: 412-367-4054

## Wedding Form

Instructions: Complete as much of this form as possible and bring with you to your initial wedding inquiry appointment with the officiating pastor. Your wedding date will be confirmed on our church calendar after receiving your wedding form signed by the officiating pastor, bride and groom. Submit wedding form to Deb Waugaman in the church office. **Non-members please include a \$50 deposit with your wedding form which will be applied towards your total wedding fee.**

### WEDDING

Date \_\_\_\_\_ Time \_\_\_\_\_

Officiating Pastor (signature) \_\_\_\_\_

### BRIDE

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Church \_\_\_\_\_

Occupation \_\_\_\_\_

Address after wedding (if known) \_\_\_\_\_

### GROOM

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Church \_\_\_\_\_

Occupation \_\_\_\_\_

### REHEARSAL

Date \_\_\_\_\_ Time \_\_\_\_\_

### WEDDING RECEPTION

Location \_\_\_\_\_ Time \_\_\_\_\_

### WEDDING SERVICE

Approximate Number of Guests \_\_\_\_\_

Soloist \_\_\_\_\_ Florist \_\_\_\_\_

Photographer \_\_\_\_\_ Videographer \_\_\_\_\_

**SPECIAL REQUESTS:**

**WEDDING PARTICIPANTS**

MAID/MATRON OF HONOR \_\_\_\_\_ BEST MAN \_\_\_\_\_

BRIDESMAIDS \_\_\_\_\_ GROOMSMEN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FLOWER GIRL \_\_\_\_\_ RING BEARER \_\_\_\_\_

CANDLE LIGHTER \_\_\_\_\_ OTHER \_\_\_\_\_

**BRIDE'S PARENTS**

**GROOM'S PARENTS**

Name(s) \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

**AGREEMENT**

We have read the brochure, Your Wedding @ Memorial Park, which provides information on weddings at Memorial Park Church including the wedding fees. We agree to abide by the wedding brochure, MPC Covid safety protocol and to pay all fees due at our final wedding consultation with the Wedding Hostess.

\_\_\_\_\_  
Bride's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Groom's Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date Received \_\_\_\_\_

Deposit Received \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Form Distribution:  Pastor

Hostess

Organist

Membership

Scheduler

Custodian

Sound Tech