

CENTRAL UNION CHURCH WEDDING APPLICATION

Thank you for considering to have your wedding with us here at Central Union Church.

Please be sure to fill in all of the spaces listed below so that we may process your application in a timely manner.

Upon receipt, we will check our schedule and if available, place a tentative hold on the venue, date, and time of your request.

If you have any questions, please contact us at: events@centralunionchurch.org Our Wedding will be: ☐ Traditional (Bride/Groom) ☐ Same Gender Wedding Date: Wedding Venue/Time: Atherton Chapel: □ 10:00 am □ 12:00 pm □ 2:00 pm □ 4:00 pm Atherton Courtyard: \square 10:00 am \square 12:00 pm \square 2:00 pm \square 4:00 pm Sanctuary: \square 11:00 am \square 1:00 pm \square 3:00 pm \square 5:00 pm Bride: First Name: _____ Last Name: _____ Address: City: _____ State: ____ Zip Code: ____ Phone Number: ____ Email Address: ____ Groom: First Name: Last Name: City: _____ State: ____ Zip Code: ____

Phone Number: _____ Email Address: _____

This Agreement may be executed by electronic signature. Entering your name in the box below shal constitute a legal and binding signature and shall be effective for all purposed when so signed.		
Signed:	Dated:	
Are you a Central Union Ch	nurch Member? Yes No	
Please enter any other info	rmation or requests here:	