

## Non-Member Wedding Application

First Presbyterian Church 213 Main Street Clarksville TN 37040

Phone: (931) 645-6551 Fax: (931) 645-9962

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

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

Name of Bride \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Groom \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Email Address \_\_\_\_\_

Name of officiating Minister \_\_\_\_\_

Church address of Minister \_\_\_\_\_

Denomination \_\_\_\_\_ Phone \_\_\_\_\_

Use of Sanctuary? Yes \_\_\_ - No \_\_\_ Use of Chapel? Yes \_\_\_ No \_\_\_ # of Guests \_\_\_\_\_

Will flowers remain for worship services on Sunday? Yes \_\_\_ No \_\_\_

**We \_\_\_\_\_ have read the wedding guidelines and policies of The First Presbyterian Church non-member wedding policy and agree to follow them. Additionally we will provide FPC with a certificate of Liability insurance for the dates of our rehearsal and wedding.**

Applicant's Signature \_\_\_\_\_ date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ date \_\_\_\_\_

Following to be FILLED IN BY CHURCH REPRESENTATIVE:

Deposit Paid \_\_\_\_\_ Fee Paid in Full \_\_\_\_\_ Date Application received \_\_\_\_\_ Date approved \_\_\_\_\_

**(Please print, complete, and fax to FPC office (931) 645-9962)**