

# Candlelight Wedding Reservation Form

All information will be kept confidential by Candlelight Staff

**Please Note:** Only active members in good standing can use the facility for a wedding. "Being a member of the church is a declaration of commitment. It is a commitment to the beliefs, vision, direction, leadership life of the local church."

Today's Date: \_\_\_\_\_

## **Groom's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

## **Bride's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

## **Ceremony Information:**

Wedding Date: \_\_\_\_\_ Time: \_\_\_\_\_ Wedding Facility: \_\_\_\_\_  
Wedding Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Reception Facility: \_\_\_\_\_ Reception time from: \_\_\_\_\_ to: \_\_\_\_\_  
Reception Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Number of guests expected: \_\_\_\_\_ Number of attendants in wedding party (bridesmaids, etc): \_\_\_\_\_

Do you wish for a Candlelight Pastor to officiate the wedding?  Yes  No If yes, name: \_\_\_\_\_

Visiting Pastor to officiate or assist in the service?  Yes  No If yes, name: \_\_\_\_\_

Visiting Pastor Church Affiliation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Wedding ceremony room:  Sanctuary  Chapel (2<sup>nd</sup> Floor)

Do you have the following:

Florist:  Yes  No If yes, name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Photographer:  Yes  No If yes, name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Videographer:  Yes  No If yes, name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Wedding Coordinator:  Yes  No If yes, name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Clean-up Coordinator:  Yes  No If yes, name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have a processional and recessional? (i.e.: piano player, violinist, etc)  Yes  No

If yes, name: \_\_\_\_\_

If no, do you have a music CD?  Yes  No If yes, please give the CD to our tech crew **before** the wedding date.

## **Additional Information:**

Are you an active member of Candlelight in good standing?  Yes  No

Do you attend Candlelight regularly?  Yes  No If yes, for how long: \_\_\_\_\_

In addition to this form, please fill out a Facility Use Form and a Candlelight Facility & Parking Lot Lease Agreement. Please see the CCF Building Use Rates for our building costs. Copies are available on our website or at the Information Desk.

*Please note: An honorarium for the Pastor is appropriate.*

*Important Note: If the wedding is at Candlelight Christian Fellowship, you may only use **non-drip candles** and the bride and groom may only be showered with **bird seed or bubbles outside the church**. Clean-up must be done on the same day immediately following the ceremony.*

**Please Read and Sign Back**

**Pre-marital Counseling Requirements:**

Because of scriptural emphasis placed on the marriage commitment, Candlelight Christian Fellowship desires to help prepare couples for a lasting marriage. Therefore, all couples that are active members of Candlelight and who schedule our facilities or another facility for their wedding ceremony are required to participate in a pre-marital counseling program. The counseling will assist in equipping the engaged couple in Biblical principles for a successful marriage.

Please note that you will need to complete a total of five pre-marital counseling sessions. You may pick-up the pre-marriage counseling forms at the church, or you may access them on-line at our website. We will keep a copy of this form on file with your pre-marriage counseling forms. Please contact the church office to schedule your counseling appointment.

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_