

State College Presbyterian Church
132 West Beaver Avenue
State College, PA 16801
814-238-2422



WEDDING REGISTRATION FORM

NAME: _____

Are you an Active Member of the Church? _____ (Who is? -below)

Bride _____ Groom _____ Bride's Family _____ Groom's Family _____

Date of Wedding: _____ Time: _____

Date of Rehearsal: _____ Time: _____

Minister Preference: _____

Do you intend to use our Organist? _____

Bride _____ Groom _____

Address _____ Address _____

Address _____ Address _____

Phone _____ Phone _____

E-mail _____ E-mail _____

Parents _____ Parents _____

Address _____ Address _____

Address _____ Address _____

Phone _____ Phone _____

E-mail _____ E-mail _____

Florist: _____ Phone: _____

Are you using a Wedding Consultant? _____ Who? _____

OVER

Wedding Party

Bridesmaids

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Groomsmen

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Address after the Wedding:

Name _____
Address _____
City/State/Zip _____

Where shall we send the security deposit (if applicable)?

Us (at the above address) _____ Bride's Family _____ Groom's Family _____

Office Use:

<u>Met with</u> —	<u>Date</u>	<u>Notes</u>
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Program Associate: _____

Pastor: _____

Organist: _____

Sexton: _____

Special Requests: _____
