

REQUEST FOR WEDDING:
Christ the King Lutheran Church
P. O. Box 6449
Tahoe City, CA 96145
Office:530 583-1222
FAX: 530 583-7660

This form must be returned to the church to confirm the dates and times you request.
Complete each box that applies, print the form, then FAX or mail to the above FAX/Address
(After printing, Please FAX or Mail to the above FAX or address)
(Closing document deletes all information)

Personal Information:

Present Address & Zip

Phone

Baptized (Yes/No)

Bride: Age Phone

Baptized (Yes/No)

Denomination

Groom: Age Phone

Baptized (Yes/No)

Denomination

Present Contact Address & Zip

Dates:

Dates Requested:

Time Requested:

Conference (Date&Time)

Rehearsal: (Date&Time)

Wedding Information:

Wedding in Church?(yes/no)

If not, please list place
and address:

Approximate number of guests

Music

Soloist: (yes/no)

Two Rings

Ring Bearer

Flower Girl

Father Walks Bride

Location of Reception

Best Man

Maid of Honor

Please write further information below:

Donations:

Pastor:

Rehearsal:

Church Use (if needed):

Organist:

Total: