

## WEDDING DATE REQUISITION

Date of Requisition:			
Bride's Name			
Address			
City	State_		Zip
Phone: Day ()			
<b>New Membership Classes Completed?</b>	YES	NO	Classes left
Groom's			
Name			
Address			
City	State		Zip
Phone: Day ()			
New Membership Classes Completed?			
Excellence Ministry Team:			
Wedding			
DateTime:			
Location			
Wedding Type: SANCTUARY OFF	ICE C	hurch Recepti	on YES NO
Wedding Packet mailed on: V BRIDE GROOM			up on: by
Officiating Pastor	Date Confirmed on		
with			
Schedule Date for Coordinator Meetin			
Schedule Date for Pre-Marital Counse			
Date Tapes Received:			
Requisition Completed by:			
Cancellation: Date Wedding Cancelle			
Cancelled by: BRIDE GROOM (	-		
Cancellation Received by:			
Comments:			