

**WEDDING RESERVATION  
REQUEST FORM**



**Christ Lutheran Church  
32392 122<sup>nd</sup> Ave.  
Columbus, NE 68601  
402-563-1314**

**GROOM:**

\_\_\_\_\_  
(Complete Name) \_\_\_\_\_ (Age) \_\_\_\_\_  
\_\_\_\_\_  
(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
\_\_\_\_\_  
(Home Phone) \_\_\_\_\_ (Business Phone) \_\_\_\_\_ (Previously Married?) \_\_\_\_\_  
\_\_\_\_\_  
(Current Church Membership include City and State)

**BRIDE:**

\_\_\_\_\_  
(Complete Name) \_\_\_\_\_ (Age) \_\_\_\_\_  
\_\_\_\_\_  
(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
\_\_\_\_\_  
(Home Phone) \_\_\_\_\_ (Business Phone) \_\_\_\_\_ (Previously Married?) \_\_\_\_\_  
\_\_\_\_\_  
(Current Church Membership include City and State)

**EMAIL ADDRESS:** \_\_\_\_\_

**PROPOSED WEDDING DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**PROPOSED REHEARSAL DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**AFTER THE WEDDING:** Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*\*IMPORTANT\*\*\*** As soon as your proposed dates are chosen, submit this form to the church office. Your wedding will be confirmed as soon as it has been approved for the church calendar and deposits have been paid. Your signatures below confirm your understanding of the wedding policy of Christ Lutheran and your willingness to comply. Non-member \$500.00 - Members \$0.00

**\*\*\*TWO SIGNATURES\*\*\***

\_\_\_\_\_  
DATE: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_