Office Use Only

Member Fee____

Non-Member Fee____

MEREDITH DRIVE REFORMED CHURCH
5128 Meredith Drive
Des Moines, IA 50310
515-276-4901
WEDDING REQUEST FORM

Date Submitted_____ **Facility Desired: Meredith Drive Sanctuary___ The BRIDGE___**

By submission of this form we hereby make application to use Meredith Drive Reformed Church facilities for our wedding, and are fully acquainted with the church's wedding regulations and will abide by these policies.

1. We would like to schedule our WEDDING for _____ (date)_____ (time)
   PLEASE NOTE: The Sanctuary will not be available until after 11:30 a.m. for pictures, decorating, etc.

2. We would like to schedule our REHEARSAL for _____ (date)_____ (time)

3. Estimated number of guests to be invited: _____

4. The wedding is to be held in the: ❑ Sanctuary ❑ Fireside Lounge

5. We will need an organist: ❑Yes ❑ No

6. We will have special music: ❑ Yes ❑ No

7. We will be using CD/DVD music: ❑ Yes ❑ No

8. We plan to have _____ songs.
   (number)

9. We will be using a slide show: ❑ Yes ❑ No (must be delivered to church office one week before the wedding)

10. We want the Unity candle as part of the ceremony: ❑Yes ❑ No (**Unity candle not provided)**

11. If available, we prefer to have Pastor _____ officiate.
    (Availability of the pastor you request may not be possible. Once your wedding request is approved, you are guaranteed the service of one of our pastors [if desired] or a qualified substitute.)

    ___ We have no preference as to a pastor. ___ We plan to have a pastor from outside MDRC officiate**.**

PLEASE PRINT GROOM'S FULL NAME_____

GROOM'S ADDRESS_____ _____ ____ _____
Street City State Zip
GROOM'S PHONE (____)_____ CELL PHONE (____)_____ E-MAIL_____

I'm a member of Meredith Drive Reformed Church: ❑ Yes ❑ No
My parents are members of Meredith Drive Reformed Church: ❑ Yes ❑ No

PLEASE PRINT BRIDE'S FULL NAME_____

BRIDE'S ADDRESS_____ _____ ____ _____
Street City State Zip
BRIDE'S PHONE (____)_____ CELL PHONE (____)_____ E-MAIL_____

I'm a member of Meredith Drive Reformed Church: ❑Yes ❑ No
My parents are members of Meredith Drive Reformed Church: ❑ Yes ❑No

BRIDE'S NAME AFTER MARRIAGE_____

ADDRESS AFTER MARRIAGE_____ _____ ____ _____
Street City State Zip
PHONE AFTER MARRIAGE (____)_____

PLEASE RETURN THIS FORM TO THE CHURCH WITHIN TWO WEEKS OF HAVING CONTACED THE CHURCH OFFICE REGARDING A DATE ON THE CALENDR FOR YOUR WEDDING