

Wedding Reservation Form*
First Baptist Church
102 Dixie Street • Carrollton, GA 30117
(770) 832-6359 • Fax: (770) 832-6467

Bride: Name _____
Address _____
Phone (Residence) _____ (Business) _____
Church Membership _____ (Cell) _____

Groom: Name _____
Address _____
Phone (Residence) _____ (Business) _____
Church Membership _____ (Cell) _____

Is a **parent** of either the bride or groom a member of First Baptist Church?
Yes _____ No _____

Please reserve for us:
Sanctuary _____ Fellowship Hall _____ Kitchen _____ Nursery _____

Time of Rehearsal: Date _____ Hour _____
Time of Wedding: Date _____ Hour _____

Officiating Minister: _____
Address: (If from another church) _____

Organist: _____ Pianist: _____
Vocalist: _____ Caterer: _____
Florist: _____ Photographer: _____
Director: _____ Videographer: _____

Name of person available immediately after ceremony and/or reception who will clean/collect decorations and personal items: _____

Have copies of policies been distributed to all parties involved (professionals, wedding party, etc.)?

Songs to be Sung: _____

Address after Marriage: _____

*Please return this form to the church office at your earliest convenience to confirm your date and reservation of facilities. Your wedding will not be added to the church calendar until this form is turned in and completed in its entirety.

We agree to comply with the rules and regulations of the First Baptist Church of Carrollton, Georgia regarding church weddings and church receptions, or our deposit will be retained.

Bride: _____ **Groom:** _____

Date: _____

Deposit Return

(To be completed by church office and mailed within 7 days of wedding.)

Damage Deposit	\$ 150.00
Less Damages (see below)	\$ _____
Less Other _____	\$ _____
TOTAL DEPOSIT RETURN	\$ _____
Check Number _____	

Itemized List of Damages

Signature

Wedding Coordinator _____

Date _____

Financial Secretary _____

Date _____