



GRACE
BAPTIST CHURCH

Wedding Application

Date Requested for ceremony _____ Time: _____

Preferred Grace Baptist location:

Worship Center **Conference Center** **Amphitheater**

First Choice of Pastor for ceremony: _____

Alternate choice _____

Groom:

Name _____

Address _____ City _____ Zip _____

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Cell Phone (____) ____ - ____

E-mail: _____

GBC Member? yes no **Parents** are members yes no

Bride:

Name _____

Address _____ City _____ Zip _____

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Cell Phone (____) ____ - ____

E-mail: _____

GBC Member? yes no **Parents** are members yes no

Contact Information after the wedding:

Address _____ City _____

Zip _____

Home Phone (____) ____ - ____ E-mail: _____

Cell Phone (____) ____ - ____



If a Non-Grace Pastor: Name: _____
Address: _____
City: _____ State ____ Zip _____
Phone: (____) _____
Email: _____
Church: _____
Relationship of this pastor to couple: _____

We have read the Pre-Requisites and the Facilities Fact sheet and understand that we agree with the terms and conditions.

Bride's Signature

Groom's Signature

Please return this application with your \$250 security deposit made out to "Grace Baptist Church" to:

Staff Wedding Director
Grace Baptist Church
22833 Copperhill Drive
Santa Clarita, CA 91350