

*15th Avenue Christian Church (Disciples of Christ)*

3600 15th Avenue Rock Island, IL 61201

309-786-6925

[Secretary@15thavechristianchurch.org](mailto:Secretary@15thavechristianchurch.org)

***Wedding Application***

Wedding date \_\_\_\_\_ Time \_\_\_\_\_

Bride's full name \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Groom's full name \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Rehearsal date & time \_\_\_\_\_

Reception to be held at church?    Yes \_\_\_\_\_ No \_\_\_\_\_

How many guests are invited to the wedding? \_\_\_\_\_

Time you wish to have access to the church on wedding day? \_\_\_\_\_

Participants in the wedding party:

Attendants \_\_\_\_\_

Readers \_\_\_\_\_ phone \_\_\_\_\_

Soloist \_\_\_\_\_ phone \_\_\_\_\_

Photographer \_\_\_\_\_ phone \_\_\_\_\_

Videographer \_\_\_\_\_ phone \_\_\_\_\_

Florist \_\_\_\_\_ phone \_\_\_\_\_