

Church of the Holy Trinity
WEDDING – Form I

Today's date:

Wedding Date: _____ Time _____

Rehearsal Date: _____ Time _____

BRIDE: Name _____
Address: _____

Email: _____
Cell phone: _____

GROOM: Name _____
Address: _____

Email: _____
Cell phone: _____

Please return this form with 50% deposit (\$1000) to:

Church of the Holy Trinity
PO Box 317
Spring Lake, NJ 07762