

Glendale Baptist Church
a Caring Community of Equality and Grace
Covenant Ceremony Request Form

Date Requested: _____ Time: _____ Number of Guests Expected _____

Couple's Names _____

Couple's Address(es) _____

Glendale Baptist Church member(s)? _____ yes _____ no

Phone Number(s) _____, _____

Email address(es) _____, _____

Pastor _____

If guest minister, Name _____

Guest Minister Contact Information _____

Rehearsal Date: _____ Time: _____

Rooms Required: _____

Reception at Glendale Baptist Church? _____ yes _____ no

Musician Name(s): _____

If guest musician, Name _____

Guest musician Contact Information _____

Florist _____

Photographer _____

Caterer _____

I have read Glendale Baptist Church's Covenant Ceremony Policy and agree to all terms and conditions.

For office use: _____ Approved and scheduled
_____ Not approved