

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 (\$850) to:

Church of the Holy Trinity

PO Box 317

Spring Lake, NJ 07762