

Wedding Request Agreement

University Christian Church

2007 University Avenue
Austin, TX 78705
Ph: 512-477-6104
Fax: 512-477-0725

Today's Date: _____

Bride:	Groom:
Address:	Address:
City, State, Zip:	City, State, Zip:
Daytime Phone:	Daytime Phone:
Home Phone:	Home Phone:
Email:	Email:

Weddings are booked on a first-deposit-received basis.

Sanctuary Rehearsal Date: _____ 5:30 p.m. 7:30 p.m.

Sanctuary Wedding Date: _____

<input type="checkbox"/> 10:00 a.m. Ceremony <i>Building Use 7:00 a.m.–11:00 a.m.</i>	<input type="checkbox"/> 2:00 p.m. Ceremony <i>Building Use 12:00 p.m.–4:00 p.m.</i>	<input type="checkbox"/> 7:00 p.m. Ceremony <i>Building Use 5:00 p.m. –9:00 p.m.</i>
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**Additional times may be available if calendar permits and request is approved by wedding coordinator.*

Chapel Rehearsal Date: _____ 5:30 p.m. 7:30 p.m.

Chapel Wedding Date: _____

<input type="checkbox"/> 10:00 a.m. Ceremony <i>Building Use 7:00 a.m.–11:00 a.m.</i>	<input type="checkbox"/> 2:00 p.m. Ceremony <i>Building Use 11:00 a.m.–3:00 p.m.</i>	<input type="checkbox"/> 6:00 p.m. Ceremony <i>Building Use 3:00 p.m. –7:00 p.m.</i>
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**Additional times may be available if calendar permits and request is approved by wedding coordinator.*

Minister Needed? YES NO **Preference:** _____

Rental of UCC Candelabras Needed? YES NO

Rental of UCC Unity Candle Stand Needed? YES NO **Approx. # of Guests** _____

Location & time of reception: _____

Special Music Arrangements

Please clear music selections with the wedding coordinator prior to the wedding. The organist of University Christian Church has first right of refusal.

Vocalists: _____

Musicians (strings/organist/pianist): _____

Music Selections: _____

Prelude: _____

Processional: _____

Recessional: _____

Hymns: _____

To contact the organist of University Christian Church, Patrick Scott: (512) 477-6104 (church),
pscott@ucc-austin.org

How did you hear about us?

We have read carefully and understand the information in University Christian Church's wedding booklet and the fee structure accompanying it. We understand that our wedding date will be reserved on the church calendar when the reservation fee is received in the church office. We agree to utilize these guidelines and wish to schedule the above facilities, date, and times for our wedding.

Our \$100 NON-REFUNDABLE Reservation Fee is enclosed. We Agree to pay the balance of the wedding fees no later than 30 days prior to the wedding date. Any payments made less than 30 days prior must be cash, cashiers check, or money order.

Bride's Signature: _____ **Date:** _____
Groom's Signature: _____ **Date:** _____

Couple Information

Bride				Groom			
Occupation				Occupation			
Age		Previous Marriage		Age		Previous Marriage	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Children		<input type="checkbox"/> Yes <input type="checkbox"/> No		Children		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ages of Children				Ages of Children			
MOTHER				MOTHER			
Address				Address			
City, State, Zip				City, State, Zip			
Phone	Hm:			Phone	Hm:		
	Wk:				Wk:		
FATHER				FATHER			
Address (if different)				Address (if different)			
City, State, Zip				City, State, Zip			
Phone	Hm:			Phone	Hm:		
	Wk:				Wk:		
STEP PARENTS (if applicable)				STEP PARENTS (if applicable)			

Bride and Groom

Address after the wedding: _____
City _____ State _____ Zip _____
Phone: _____ Wk Phone: _____ Wk Phone: _____
e-mail: _____ e-mail: _____

Life Partners

Please indicate which Life Partners preparatory seminar you would like to attend.

Fall

Winter

Spring

Ceremony

1. Will Bride be given away? Yes No **By Whom?** _____

2. Will ALL of the Wedding Party be at the Rehearsal? Yes No

3. Unity Candle Lighting? Yes No

4. Video Taping? Yes No

Special People to be Seated

Name and Relationship	Which usher to seat them?
Mother of Groom	
Mother of Bride	

Bridal Party (please include phone #, address, and email of Attendants

Maid of Matron of Honor	Best Man
Bridesmaids	Groomsmen

Bridal Party Continued

Flower Girl(s)	Ring Bearer
Candlelighters	Ushers
Others Participating in the service	Others Participating in the service

Any other special elements of your wedding? If so, please describe.

Other Information and Arrangements

Florist: _____ **Phone:** _____
Photographer: _____ **Phone:** _____
Videographer: _____ **Phone:** _____

Office Use Only:
Information Received: ____/____/____ Reservation Fee Received: ____/____/____