



PLEASE RETURN THIS FORM TO THE CHURCH OFFICE

607 Woodrow Street, Columbia, SC 29205
Phone: 803-771-4408 Fax: 803-771-6223

WEDDING

For _____
(Bride's Full Name)

Residence Phone _____ Business Phone _____

Bride's Home Church _____
(Name, City, State)

And _____
(Groom's Full Name)

Residence Phone _____ Business Phone _____

Groom's Home Church _____
(Name, City, State)

Local Contact (if necessary) _____
(Name, phone and relationship)

Wedding Date _____ Time _____

Rehearsal Date _____ Time _____

Address After Wedding _____

Minister _____
(Address and phone, if other than Shandon)

Musician(s) _____
(& Instrument)

Vocalist(s) _____

Reception _____
(Location and Address, if other than Shandon)

If Shandon is providing the wedding program, please list as you would like them to appear, including Titles (Ms., Miss, Mrs. Mr., etc.), middle names, initials.

Parents of the Bride _____

Parents of the Groom _____

Grandparents of the Bride _____

Grandparents of the Groom _____

Maid (Matron) of Honor _____

Continued on Reverse

Attendants _____

Best Man _____

Ushers _____

Ring Bearer _____ Flower Girl _____

Scripture Lesson(s) _____

Vow Preference _____

Wedding Consultant(s) _____

Comments _____