

CHURCH OF THE MASTER  
24 N GROVE ST.  
WESTERVILLE, OH 43081  
(614) 882-2153

[office@chmaster.org](mailto:office@chmaster.org)

## ***WEDDING APPLICATION FORM***

**Thank you for your inquiry regarding a wedding at Church of the Master.  
Please complete this form and return it to the Church Office  
and we will contact you.**

Requestor Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Requested Wedding Date: \_\_\_\_\_ Requested Wedding Time: \_\_\_\_\_

Spouse 1 Name: \_\_\_\_\_

Spouse 2 Name: \_\_\_\_\_

Estimated Number in Wedding Party: \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

Requested Space (check all that apply):

Sanctuary (350 people) \_\_\_\_\_ Chapel (up to 20 people) \_\_\_\_\_

Dressing Room 1 \_\_\_\_\_ Dressing Room 2: \_\_\_\_\_ Nursery \_\_\_\_\_

Any additional information for us to consider?

\_\_\_\_\_

\_\_\_\_\_

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Requestor Signature: \_\_\_\_\_

Date of Application \_\_\_\_\_