

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

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?

Requestor Signature: _____

Date of Application _____