

WEDDING APPLICATION FOR USE OF IMMANUEL ALLIANCE CHURCH

800 South Market Street, Mechanicsburg PA 17055
(717) 766-4633 ~ (717) 766-6712 (Fax) ~ secretary@immanuelcma.org

REQUESTED DATE: _____ TODAY'S DATE: _____

TIME OF EVENT: _____ TYPE OF EVENT: _____ NUMBER ATTENDING: _____

REFUNDABLE SECURITY DEPOSIT: _____ PAID/REFUND DATES: _____

FEE: (to be paid 10 days prior to event: _____ CONTACT PERSON: _____

GROUP NAME MAKING REQUEST: _____

HOME PHONE: _____ WORK PHONE: _____ EMAIL: _____

FACILITY REQUESTED: _____ Sanctuary (NO food or beverage permitted)
_____ Prayer Room (NO food or beverage permitted)
_____ Fellowship Hall
_____ Kitchen
_____ Nursery

SUNDAY SCHOOL ROOMS:

<input type="checkbox"/> Room #1	<input type="checkbox"/> Room #4	<input type="checkbox"/> Room #11	<input type="checkbox"/> Room #14	<input type="checkbox"/> Room #17
<input type="checkbox"/> Room #2	<input type="checkbox"/> Room #5	<input type="checkbox"/> Room #12	<input type="checkbox"/> Room #15	<input type="checkbox"/> Room #18
<input type="checkbox"/> Room #3	<input type="checkbox"/> Room #10	<input type="checkbox"/> Room #13	<input type="checkbox"/> Room #16	<input type="checkbox"/> Room #19

Will your group need?

Loaner Key Tables # _____ Chairs # _____ Sound TV/VCR Projector/Screen

If your application is approved, the area requested will be reserved for you. Other areas may be reserved by other groups. Please respect their facility space.

NOTE: Each individual group/contact person will be responsible for your reserved area.
The area **MUST BE CLEAN** and **REORGANIZED** after the scheduled event.
Security deposit due immediately. Fees must be paid 10 days prior to event.
Contact person will be responsible for locking facility. Loaner key must be returned at end of event.

**** I HAVE READ THE ABOVE AND UNDERSTAND AND AGREE TO UPHOLD MY RESPONSIBILITY.**

Signature of Contact Person: _____ Date: _____

_____ APPROVED _____ DENIED (Church Use Only)

Signature _____

Date:

WEDDING REQUEST INFORMATION

NAME OF BRIDE: _____ NAME OF GROOM: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

_____ We have read and agree with the policy statement and Statement of Faith of Immanuel Church.

_____ We have read and do not agree with the policy statement and Statement of Faith of Immanuel Church.

SIGNATURE: _____ SIGNATURE: _____

NAME OF GUEST OFFICIATING MINISTER: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

_____ I have read and agree with the policy statement and Statement of Faith of Immanuel Church.

_____ I have read and do not agree with the policy statement and Statement of Faith of Immanuel Church.

SIGNATURE: _____

DATE: _____

