

# 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](mailto:secretary@immanuelcma.org)

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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: \_\_\_\_\_

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\_\_\_\_\_ 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: \_\_\_\_\_

