

**Calvary Lutheran Church
Wedding Planning and Scheduling Sheet**

BRIDE

Name

Home Phone

Street Address

City, State, Zip

Work Phone

Email Address

GROOM

Name

Home Phone

Street Address

City, State, Zip

Work Phone

Email Address

WEDDING DATE _____

TIME _____

REHEARSAL _____

TIME _____

COUNSELING 1ST _____

TIME _____

COUNSELING 2ND _____

TIME _____

GUEST PASTOR?

YES _____

NO _____

NEED AN ORGANIST?

YES _____

NO _____

UNITY CANDLE?

YES _____

NO _____

COMMUNION?

YES _____

NO _____

WEDDING BULLETIN?

YES _____

NO _____

ANY SPECIAL REQUIREMENTS? Please tell us on the back page.

Date paid _____