



## WEDDING INFORMATION FORM

Halfway Creek Lutheran Church  
W6016 County Road W, Holmen, WI 54636

Phone: 608-526-3701

Email: [assistant@halfwaycreek.org](mailto:assistant@halfwaycreek.org)

[www.halfwaycreek.org](http://www.halfwaycreek.org)

### Wedding of

\_\_\_\_\_ and

(full name of groom)

\_\_\_\_\_  
(full name of bride)

### Groom's address

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ (H) \_\_\_\_\_ (C)

### Bride's address

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ (H) \_\_\_\_\_ (C)

Date of wedding \_\_\_\_\_ Time \_\_\_\_\_

Date of rehearsal \_\_\_\_\_ Time \_\_\_\_\_

### Place of wedding (sanctuary, Whispering Pines, etc.)

Expected guests \_\_\_\_\_

### Facilities requested:

\_\_\_\_ sanctuary  
\_\_\_\_ classroom (where grooms get ready)  
\_\_\_\_ kitchen (must fill out kitchen contract form)  
\_\_\_\_ fellowship hall (where bridal party gets dressed)  
other \_\_\_\_\_

### Pastor officiating

\_\_\_\_\_  
Church Musician Requested? (Piano or music)

\_\_\_\_\_  
Special/Additional Musicians \_\_\_\_\_

### *FOR INTERNAL USE ONLY*

Deposit \_\_\_\_\_

Date rec'd \_\_\_\_\_

\_\_\_\_ Pastor

\_\_\_\_ On calendar (By \_\_\_\_\_)

\_\_\_\_ Musician

\_\_\_\_ Office Administrator

\_\_\_\_ Custodian

\_\_\_\_ Altar Guild