

***Eastside Baptist Church***  
**Policies and Procedures for Weddings**  
**Facility & Equipment Request Form for Weddings**

Wedding Date: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Name of Bride: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Groom: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Officiating Minister(s): \_\_\_\_\_

Will you need the sound system? ( ) yes ( ) no. If yes, operator name: \_\_\_\_\_

Number of microphones required: \_\_\_\_\_ Will taped music be used? ( ) yes ( ) no.

Florist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Caterer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Photographer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List day and time you will need building access for:

Florist: \_\_\_\_\_ Caterer: \_\_\_\_\_ Photographer: \_\_\_\_\_

Rehearsal Date: \_\_\_\_\_ Time: \_\_\_\_\_

Will the rehearsal dinner be held at Eastside? ( ) yes ( ) no. If no, where: \_\_\_\_\_

Will the reception be held at Eastside? ( ) yes ( ) no. If no, where: \_\_\_\_\_

If yes, what time will the reception conclude? \_\_\_\_\_

Deposit and fees received \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return to the church office with the fees and deposits to reserve date.**

*Eastside Baptist Church - 404 5<sup>th</sup> Street NE - P.O. Box 749 - Cairo, GA 39828 - (229) 377-4154*

Office: Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Approved 13Aug09