WEDDING SERVICE APPLICATION FORM



CONTACT DETAILS

DRIDE	
Surname:	Given Names:
Leaving Year:	
Address:	
Suburb:	
Home Phone:	
Email Address:	
Baptised (Yes/No):	Previously Married (Yes/No):
Of which church are you a member? (A	nglican, Uniting, Roman Catholic, etc.)
GROOM	
Surname:	Given Names:
Leaving Year:	
Address:	
Suburb:	
Home Phone:	
Email Address:	
	Previously Married (Yes/No):
Of which church are you a member? (A	nglican, Uniting, Roman Catholic, etc.)
POINT OF CONTACT	
Please provide a contact person for all o	ceremony enquiries BRIDE/GROOM/OTHER
If the point of contact is not the bride or Name:	groom, please provide their contact details below.
	Mobile:
CEREMONY	
Date:	Time:

SERVICE DETAILS

MARRIAGE SERVICE Who will be the Anglican Celebrant officiating? Contact phone number: _____ **CEREMONY DETAILS AND REQUIREMENTS** Number of Guests attending: Do you require wheelchair access? (Yes/No): _____ Do you require bells? (Yes/No): _____ We declare that the information provided is true and correct. Bride's Signature _____ Date: ___/ ___/ Groom's Signature _____ Date: ___/ ___/ **METHOD OF PAYMENT** Cost of \$1500 Credit Card * surcharge will apply O MasterCard Visa (NB: This facility hire charge does not include the additional services of external Celebrant, Musicians, Florals, Bells etc.) Card Number:

Gara Hambon

Expiry date:

Name of Card Holder: _____

Signature:

CONFIRMATION OF BOOKING

This will occur following confirmation of availability of the Chapel for the date requested and finalisation of payment.

Please return the completed form to: <u>oldscholars@sthildas.wa.edu.au</u> or St Hilda's Anglican School for Girls, P O Box 34, Mosman Park WA 6912.