

# Wedding Application

## BRIDE

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Are you a member of The Orchard? \_\_\_\_\_

## GROOM

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Are you a member of The Orchard? \_\_\_\_\_

## DATES

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

Wedding Date: \_\_\_\_\_ Time: \_\_\_\_\_

Wedding Location (which campus?): \_\_\_\_\_

Reception Location: \_\_\_\_\_ Time: \_\_\_\_\_

## OFFICIATING PASTOR

Name: \_\_\_\_\_ Church (if not The Orchard): \_\_\_\_\_

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

If not from The Orchard, what's your relationship? \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PREMARITAL COUNSELING INFORMATION

We agree to participate in premarital counseling. YES NO

Name of Pastor: \_\_\_\_\_

Location: \_\_\_\_\_

We have read The Orchard Evangelical Free Church **Wedding Policies** and accept its stipulations.

\_\_\_\_\_  
Groom Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bride Signature

\_\_\_\_\_  
Date

**Application Received:**

## Wedding Rental Contract

A \$100 deposit is required to hold the wedding date on the church calendar. The remainder of the rental fee for is due **no later than two weeks prior to the wedding date**. If there is a cancellation by the wedding party at any time from the date the deposit is submitted through the date that is six weeks prior to the wedding date, then all but \$50 of the deposit shall be refunded. Any cancellation less than six weeks prior to the wedding date will result in forfeiture of the entire \$100 deposit. In the event of a cancellation at any time, all rental fees paid in excess of the deposit addressed in the preceding sentence shall be refunded. If there is a cancellation by the church due to any unforeseen circumstances, the church will promptly refund all funds deposited. The church is not responsible for any damages caused by cancellation for reasons beyond its control.

The fees do not include an honorarium for musicians or the pastor. These are to be taken care of separately by the couple. Misuse of the facility or damage done to the facility will result in additional fees.

**Note:** Musicians are the responsibility of the bride and groom. Feel free to contact Worship Pastor Dan Wells, 847.392.4840, [dwells@theorchardefc.org](mailto:dwells@theorchardefc.org), if you need help. He may be able to provide the music you need or put you in touch with someone who can. He might also assist you with contracting string players, singers, or other musicians as needed.

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

Wedding Ceremony: Date \_\_\_\_\_ Time \_\_\_\_\_

### Wedding Ceremony – Choose location

\_\_\_\_\_ Arlington Heights Sanctuary

\_\_\_\_\_ Barrington Worship Center

\_\_\_\_\_ Itasca Sanctuary

\_\_\_\_\_ Marengo Worship Center

### WEDDING CEREMONY FEE

**\$300**

A deposit of \$100 is enclosed.

-\$100

### REMAINING BALANCE DUE

**\$200**

Checks should be payable to The Orchard and returned with the application.

*I have read and agree to abide by this contract and the regulations governing the use of The Orchard Evangelical Free Church and agree to pay the fees on the schedule as outlined above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ADDITIONAL INFORMATION—GROOM

Engaged: \_\_\_\_/\_\_\_\_/\_\_\_\_

Wedding Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Name of Bride: \_\_\_\_\_

### **Spiritual Life:**

What is the Gospel of Jesus Christ?

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When did you place your faith in Jesus Christ?

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What gives you confidence of your eternal salvation?

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How has Christ changed you?

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## PREMARITAL SESSION INFORMATION—GROOM (CONT.)

### About you:

#### Education

High School: \_\_\_\_\_ Graduation year: \_\_\_\_\_  
College/Trade School: \_\_\_\_\_ Graduation year: \_\_\_\_\_  
Graduate School: \_\_\_\_\_ Graduation year: \_\_\_\_\_

#### Employment

Employer: \_\_\_\_\_ Location: \_\_\_\_\_  
Position: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

### Family Background

In my family, I am:      oldest              in the middle              youngest              only child

During my growing up years, my parents were:

Married only once      Separated/Divorced      Remarried      One or More Deceased

My parents' marriage was:

Very Happy              Usually Happy              Sometimes Troubled              Quite Poor

My childhood was:

Very Happy              Usually Happy              Sometimes Troubled              Quite Poor

My relationship with my mother is: \_\_\_\_\_

My relationship with my father is: \_\_\_\_\_

### Dating History:

How much have you dated in the past? \_\_\_\_\_

How long have you known your fiancé(e)? \_\_\_\_\_

How long have you been dating each other? \_\_\_\_\_

Did you and your fiancé(e) break up during that time? \_\_\_\_\_

Have you been engaged or married before? If so, please explain. \_\_\_\_\_

We are committed to sexual purity before marriage.      YES      NO

We agree not to live together until after the wedding.      YES      NO

### PREMARITAL COUNSELING SESSIONS:

If meeting with a pastor from The Orchard, what are your expectations for premarital sessions?

What are some areas in your relationship with your fiancé(e), or concerns about marriage, that you would like to be sure to discuss?

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### What times are best for you to meet?

Evenings:      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Other possibilities:      daytime      late afternoons      Saturday mornings      Sunday afternoons

## ADDITIONAL INFORMATION—BRIDE

Engaged: \_\_\_\_/\_\_\_\_/\_\_\_\_

Wedding Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Name of Groom: \_\_\_\_\_

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## PREMARITAL SESSION INFORMATION—BRIDE (CONT.)

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