

WEDDING REQUEST FORM

ALL SOULS CHURCH
4601 WALKERS CORNER ROAD
SCOTT, ARKANSAS 72142
501-961-9955

E-mail: allsouls@arkansas.net

Wedding Coordinator – Shelia Vaught – (501) 590-0343 - missshelia@hotmail.com

Today's Date; _____

BRIDE

Name: _____

Address: _____

Phone: _____

GROOM

Name: _____

Address: _____

Phone: _____

Requested Date of Wedding:

Month _____ Day _____ Year _____ Time _____

Preferred

Rehearsal Date: Month _____ Day _____ Year _____ Time _____

Facilities Requested:

Price:

Sanctuary	_____	\$300 (no charge for members)
Fellowship Hall	_____	\$600 (no charge for members)
Wedding Coordinator*	_____	\$300
Minister*	_____	\$200
Organist	_____	\$200 (includes rehearsal and wedding)
Cleaning Service	_____	\$200 (for Fellowship Hall receptions)
Sound System Operator	_____	\$75 (if requested for Sanctuary)

If Using Fellowship Hall for Reception:

Name of Caterer _____ Phone _____

Name of Florist _____ Phone _____

THERE WILL BE NO ALCOHOL SERVED ON CHURCH PROPERTY

Total Charges: \$ _____

Signature of Person Responsible for Charges

*Note: The services of the Wedding Coordinator and Minister are required for all Weddings.