

Names of Bride & Groom: \_\_\_\_\_

Date & Time of Wedding **Rehearsal**: \_\_\_\_\_

Date & Time of **Wedding**: \_\_\_\_\_

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

Pastor Performing Ceremony: \_\_\_\_\_

**Altar Guild Worksheet**

(to be completed after the couple has made their decisions)

A fee of \$30.00 is payable to Mount Olive for every wedding at Mount Olive.

Circle One		Description of Service to be Provided
<b>A</b>	<b>B</b>	Suggested arrangement for candelabra
<b>Yes</b>	<b>No</b>	Unity Candle
<b>2</b>	<b>4</b>	Candelabra
<b>No</b>	<b>Yes</b>	Aisle Candles
<b>A</b>	<b>B</b>	Preferred Arrangement of Aisle Candles
<b>C</b>	<b>D</b>	
<b>White</b>	<b>Applicable Seasonal Color</b>	Parament Color

Please make your check payable to "Mount Olive" and deliver it to the church office by the date of the rehearsal. Thank you.

Married Couple's New Address: \_\_\_\_\_

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

**NOTICE:** After you have completed this form, please bring or send it to the church office. In order to provide the services offered, it needs to be in our office at least **three weeks prior to the wedding**. Thank you for your cooperation.