

**VILLAGE CHURCH OF LINCOLNSHIRE**

**WEDDING REQUEST**

201 N. Riverwoods Road  
Lake Forest, IL 60045

Telephone: (847) 295-7707 ♦ Fax: (847) 295-7757

Date of Application \_\_\_\_\_

Bride's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Groom's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Church you attend (if any) \_\_\_\_\_

If neither bride nor groom regularly attend VCL, summarize briefly why you desire to use these facilities \_\_\_\_\_

\_\_\_\_\_

Requested Date/Times for facility usage  
(include set-up and take-down)

Rehearsal \_\_\_\_\_

Ceremony \_\_\_\_\_

Reception \_\_\_\_\_

Officiating Minister \_\_\_\_\_

|                                       |                                            |
|---------------------------------------|--------------------------------------------|
| Requested facilities and consultant:  |                                            |
| <input type="checkbox"/> Sanctuary    | <input type="checkbox"/> Kitchen           |
| <input type="checkbox"/> Sound System | <input type="checkbox"/> Fellowship Hall * |

|                                                           |                                                |
|-----------------------------------------------------------|------------------------------------------------|
| Fees (Payable to <i>Village Church of Lincolnshire</i> ): |                                                |
| <input type="checkbox"/> \$450                            | <input type="checkbox"/> _____ Fellowship Hall |
| <input type="checkbox"/> Add'l \$100 security deposit**   |                                                |

\* explain your plans for this area including tables/chairs needed (use back of sheet if necessary).  
\*\* required for non-regular attenders of VCL

**Agreement**

The wedding policy of VCL has been read in its entirety, and we fully understand the procedure that will be followed in order to perform our wedding at VCL and are in agreement with the policy as stated, including the premarital counseling required by the pastor.

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

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

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

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

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office use:

\_\_\_\_\_ date received \_\_\_\_\_ copy returned to couple \_\_\_\_\_

\_\_\_\_\_  
Signature of Pastor

Coordinator  Sound System  Custodian