

**Wedding Application for Use of Arouca Revival Tabernacle -Members Only**



**Section 1a: Applicant Personal Details: (Parties #1)**

|               |  |
|---------------|--|
| Title         | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr. |
| Name          |  |
| Telephone     | H: _____ M: _____ Work: _____  |
| Email Address |  |

**Section 1b: Applicant Personal Details: (Parties #2)**

|               |  |
|---------------|--|
| Title         | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr. |
| Name          |  |
| Telephone     | H: Same as above M: _____ W: _____   |
| Email Address |  |

**Section 2: Wedding Details**

|   |                         |
|---|-------------------------|
| Date of Application (DD.MM.YY)              |                         |
| Proposed Date of Wedding (DD.MM.YY)         |                         |
| Start Time                                  |                         |
| End Time                                    |                         |
| Colour Scheme                               |                         |
| Reception Venue (if Minister invited)       |                         |
| Number of Persons Expected                  |                         |
| Date of Load in (DD.MM.YY) (if applicable)  | Date: _____ Time: _____ |
| Date of Load Out (DD.MM.YY) (if applicable) | Date: _____ Time: _____ |
| Date of Rehearsal/s (DD.MM.YY)              | Date: _____ Time: _____ |

| <b>Section 3: For Official Use Only</b> |   |
|---|---|
| Late Fee to be Paid                     | \$1,000.00 (refundable if bride and groom arrive on time)               |
| Deposit Date                            | <input type="checkbox"/> Date: _____                                    |
| Balance to be Paid                      |   |
| Date for Balance to be Paid             | <input type="checkbox"/> Date: _____                                    |
| <b>Church Representative Notes:</b>     |   |
|   |   |
|   |   |
| <b>Section 4: Minister's Notes</b>      |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| <b>Section 5: Application Details</b>   |   |
| Application                             | Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> |
| Signature of Church Representative:     | Date:   |
| Signature of Applicant:                 | Date:   |

# Dress Code & House Rules

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## Dress Code:

### Gentlemen:

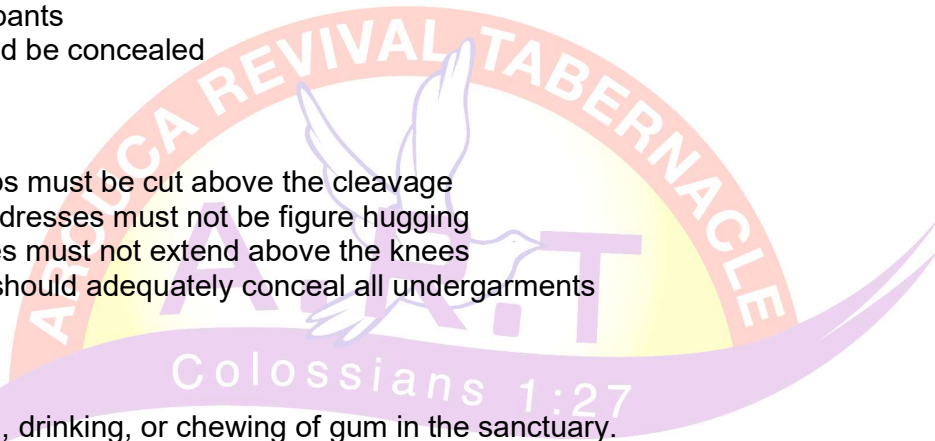
1. No armhole jerseys / vests
2. No short or knee-length pants
3. All under garments should be concealed

### Ladies:

1. Blouses, jerseys, and tops must be cut above the cleavage
2. Pants, slacks, skirts and dresses must not be figure hugging
3. Slits on skirts and dresses must not extend above the knees
4. Fabric used for clothing should adequately conceal all undergarments

## House Rules:

1. Kindly refrain from eating, drinking, or chewing of gum in the sanctuary.
2. Cell phones should be turned off or placed on silent.
3. Kindly keep feet off the chain in front of you.
4. Keep the Sanctuary free from bottles, paper etc.
5. Use the nearest exit when leaving your seat.
6. No smoking is allowed in and around the premises
7. The consumption of alcohol is not allowed in and around the premises.
8. No loitering is encouraged on the compound during the funeral service



## **ADDITIONAL INFORMATION**

Kindly provide a copy of the identification card or drivers permit with the following information for the two (2) witnesses who will be signing the legal documents along with the bride and groom.

**NAME:**

**ADDRES:**

**DATE OF BIRTH:**

**ID #:**

**ID ISSUED DATE:**

**ID EXPIRY DATE:**

