



The Unitarian Universalist Congregation of Whidbey Island  
20103 State Route 525 • Post Office Box 1076, Freeland, WA 98249 • (360) 321-8656

## Wedding Data Form

Marriage Partner:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ E mail \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Occupation \_\_\_\_\_

Marriage Partner:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ E mail \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Occupation \_\_\_\_\_

Wedding Date \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rehearsal Date \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Approx. number of guests \_\_\_\_\_ Number of Attendants \_\_\_\_\_

Officiant \_\_\_\_\_

Name of Member Sponsor \_\_\_\_\_

Name of Host(ess) \_\_\_\_\_

Date of *pre-wedding conference* \_\_\_\_\_ Time \_\_\_\_\_

Reception at UUCWI? Yes \_\_\_ No \_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address of reception, if away from church \_\_\_\_\_

Will alcohol be served at UUCWI? Yes \_\_\_\_\_ No \_\_\_\_\_

Piano needed? Yes \_\_\_ No \_\_\_ Sound System needed? Yes \_\_\_ No \_\_\_

Photographer (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Videographer (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Pianist (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Musician (Name) \_\_\_\_\_ Phone \_\_\_\_\_

# Rental Fees Due

**Sanctuary:**

#hours \_\_\_\_\_ @ \_\_\_\_\_/hr = \_\_\_\_\_  
#hours \_\_\_\_\_ @ \_\_\_\_\_/hr = \_\_\_\_\_  
#hours \_\_\_\_\_ @ \_\_\_\_\_/hr = \_\_\_\_\_

**R.E. Rooms:**

Rm 1 #hours \_\_\_\_\_ @ \_\_\_\_\_/hr = \_\_\_\_\_  
Rm 2 #hours \_\_\_\_\_ @ \_\_\_\_\_/hr = \_\_\_\_\_  
Rm 3 #hours \_\_\_\_\_ @ \_\_\_\_\_/hr = \_\_\_\_\_

**Building Host:**

#hours \_\_\_\_\_ @ \_\_\_\_\_/hr = \_\_\_\_\_

**Damage Deposit:**

\_\_\_\_\_

**Minister's Fee:**

\_\_\_\_\_

**Total Due:**

\_\_\_\_\_

Please make check payable to "UUCWI"

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## Post-Event Charges:

**Damage Deposit Paid:** (credit) \_\_\_\_\_

**Custodial Charge:** \_\_\_\_\_

**Damage Charge:** \_\_\_\_\_

**Garbage Disposal Fee:** \_\_\_\_\_

**Grounds/Debris Cleanup:** \_\_\_\_\_

**Refund or Amount Owed:** \_\_\_\_\_

Inspected by \_\_\_\_\_

Date \_\_\_\_\_