

St. Francis of Assisi
701 Mt. Rose Hwy
Incline Village, NV 89451

Wedding Contract

www.sftahoe.org
Phone: (775) 831-0490
Fax: (775) 831-2045

Please complete this application and submit along with your deposit to hold your date

Names of Bride and Groom: _____

Date of Proposed Marriage: _____ Time: _____

Do you want to celebrate the Eucharist during your wedding? _____ Yes _____ No _____ Undecided

Rehearsal Date: _____ Time: _____

To be performed by: _____ (St. Francis Priest)

Visiting Clergy Name: _____ Parish: _____ Diocese: _____

Visiting Clergy Parish Address and phone: _____ Ph: _____

Have you and your fiancé read "Planning Your Weddings at St. Francis of Assisi?" (Yes): _____ (No) _____ and, do both of you agree to respecting the terms of having your wedding at St. Francis of Assisi? (Yes) _____ (No) _____ If your answer is "No" please explain: _____

Please complete the following information for each participant.

BRIDE INFORMATION

Name as it will appear on Marriage License: _____

Mailing Address: _____

Phone: _____ Work: _____ Mobile: _____

Email: _____ Wedding Website if any: _____

Date of Birth: _____ Date of Baptism: _____

Religion: _____

Name of Church where you were baptized: _____

Physical Address: _____

Your Present Parish: _____ Location: _____

Your Pastor's Name: _____ Phone: _____

Name of Person Preparing you for the Sacrament of Marriage: _____

Phone contact of person preparing you for marriage: _____ Email: _____

Affirm the Above Statements to be true and I wish to reserve the above wedding and rehearsal dates:

Bride's Signature _____ **Date:** _____

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GROOM INFORMATION

Name as it will appear on Marriage License: _____

Mailing Address: _____

Phone: _____ Work: _____ Mobile: _____

Email: _____ Wedding Website if any: _____

Date of Birth: _____ Date of Baptism: _____

Religion: _____

Name of Church where you were baptized: _____

Physical Address: _____

Your Present Parish: _____ Location: _____

Your Pastor's Name: _____ Phone: _____

Name of Person Preparing you for the Sacrament of Marriage: _____

Phone contact of person preparing you for marriage: _____ Email: _____

I Affirm the Above Statements to be true and I wish to reserve the above wedding and rehearsal dates:

Groom's Signature: _____ **Date:** _____

Thank you for completing this Contract. Please complete and sign before sending this with your deposit of \$500.00 to reserve your wedding date and time at St. Francis of Assisi Catholic Church. Your date will not be saved until this contract and your deposit have been received in our office. We do not need a copy of your Baptismal Certificate unless we are preparing you for your marriage. The final payment of \$1700.00 is due 6 weeks after dating this contract and due to the popularity of our wedding location our policy is to not make refunds for cancellation.

Deposit of \$500 to hold the Date received on _____ Final Payment (\$1700.00) due within 6 weeks of this signed contract. *It is important to write "Wedding" and your date of wedding on the memo section of your check. Mail to: St. Francis of Assisi Catholic Church, 701 Mt. Rose Hwy, Incline Village, NV 89451 Attn: Katie Christensen