

St. Francis of Assisi
701 Mt. Rose Hwy
Incline Village, NV 89451
775.831.2045

Wedding Contract

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

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? _____

Date and Time of Wedding Rehearsal are customarily scheduled the day before at 4PM or 5PM: Date: _____ Time: _____

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

Have you and your fiancé read "Planning Your Weddings at St. Francis of Assisi?" (Yes) _____ (No) _____ and, do both of you

agree to the respecting the terms of having your wedding at St. Francis of Assisi? (Yes) _____ (No) _____. If your answer is

"No" please explain:

GROOM Information

BRIDE Information

Name: _____

Address: _____

Phone: (Home) _____ (Cell) _____ Phone: (Home) _____ (Cell)

Email: _____

Email:

Date of Birth: _____

Date of Birth:

Religion: _____

Religion:

Your Present Parish: _____ Your Present Parish:

Deposit of \$500 to hold the Date received on _____ Final Payment due within 60 day of this signed contract _____

***It is important to write "Wedding" and your date of wedding on the memo section of your check.

Mail to: Katie Christensen, Marriage Ministry, St. Francis of Assisi Catholic Church, 701 Mt. Rose Hwy, Incline Village, NV 89451

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Your Pastor's Name: _____

Your Pastor's Name:

Name of Person Preparing you for the Sacrament of Marriage:

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

Thank you for completing this Contract. Please complete and sign before sending this with your deposit of \$500 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. The final payment is due within 60 days of signing this contract. Cancellation Policy: Non-refundable due to the large volume of requests for weddings at St. Francis.

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

Name: _____ Date: _____ Name: _____ Date: _____

Deposit of \$500 to hold the Date received on _____ Final Payment due within 60 day of this signed contract _____

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