



FACILITIES USE REQUEST

This Form must be completely filled out and returned, along with your deposit, to the church office before your wedding date can be confirmed.

Mail to:

Venture Christian Church Wedding Office 16845 Hicks Road Los Gatos, CA 95032

Wedding Date _____

Wedding of _____ at _____

Officiating Pastor _____

Ceremony to be held in Worship Center Fellowship Hall
 Common Ground Outside Venue

Ceremony Start Time _____ and End Time _____

Set-Up/Decorating Date(s) and Start/End Times _____

Rehearsal Date _____ Rehearsal Time _____

Number of Anticipated Wedding Guests

Person responsible for decorating: Name _____ Phone _____

Will you have an aisle runner? No Yes

Will you be showing a video? No Yes

If yes, where? Worship Center Fellowship Hall

Will you need a piano microphone? No Yes

Reception Location _____

Reception Start Time _____ and End Time _____

Number of anticipated reception guests

Phone Numbers: Bride _____ Groom _____

Bride's Parents' Names and Phone Number _____

Groom's Parents' Names and Phone Number _____