



# CITYPOINT

— CHURCH —

## WEDDING APPLICATION

### Wedding

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

### Rehearsal

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

### Pastor Preference

Please note your desired pastor may not be available. \*List your top 3 choices.

- [ ] \_\_\_\_\_
- [ ] \_\_\_\_\_
- [ ] \_\_\_\_\_

### Pre-Marital Counseling

- [ ] Video - 5 Sessions
- [ ] In person - 4 Sessions

### After the Ceremony

Bride's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Submit / Mail to:

CITYPOINT OFFICE  
110 W. Main St.  
Washington, Iowa 52353