

WEDDING APPLICATION FORM

(FOR MEMBERS)

4 How Sun Drive S'pore 538526 Tel: 62854322 Fax: 63832491 C/Reg. No: 197801655D Operations Centre: 8 New Industrial Road #05-01 LHK3 Building Singapore 536200

Applicants are to read the "WEDDING POLICY" document and the "USE OF CHURCH BUILDING & FACILITIES FOR WEDDINGS RULES & REGULATIONS" before filling up and submitting the form to the Family Life Ministry (family@bartley.org.sg)

1. APPLICANTS' PARTICULARS

	GROOM-TO-BE		BRIDE-TO-BE			
Name as in NRIC: (underline surname)						
Marital Status:	Single □ Divo	rced 🗆	Widowed □	Single □	Divorced	□ Widowed □
Date of Birth:						
Address:						
Mobile No.:						
Email:						
Church Status:	Member	Non-N	Member \square	Membe	er 🗆 Non	-Member \square
Cell Leader:						
Zone Leader:						

2. WEDDING & FACILITIES DETAILS

2.1 AT BARTLEY CHRISTIAN CHURCH

(Fill in the following if we	dding held at Bartley Christiar	ı Ch	urch)
Preferred Wedding Date:	Time of Ce	rem	ony (start to end):
Alternative Wedding Date	1:	_	
Alternative Wedding Date	2:	=	
Wedding Venue:	Main Auditorium (Level 3) John Willis Hall (Level 2)		Hudson Taylor Hall (Level 2) □
No. of Guests Expected:			
Name of Wedding Coord	linator:		_Contact No.:
Name of Licensed Solen	nnizer:		_Contact No.:
Name of Speaker:			_Contact No.:
Tea/Meal Reception?	Yes □ No □		id Deck (Non-Airconditioned Area).
Name of Caterer:			Contact No.:
	al instruments on stage be used nusicians can use the keyboard, synthesize		drum set on stage) Yes □ No □
Other requests or relevant i	nformation:		
2.2 OUTSIDE OF BAR	TLEY CHRISTIAN CHURC	СН	
(Fill in the following if w	edding <u>not</u> held at Bartley Chr	istic	n Church)
Date of Wedding:	Time of C	erer	nony (start to end):
Name of Wedding Coord	linator:		_Contact No.:
Name of Licensed Solen	nnizer:		Contact No.:

3. DECLARATION OF INFORMATION

We have read the policy and agree to it.

We hereby declare that the information given to Bartley Christian Church and its staff is true, and we abide by the Rules and Regulations as stated in the following pages.

Name of Groom-	to-be:	Signature:	Date:	
Name of Bride-to-be:		Signature:	Date:	
OFFICIAL US				
Payment Mode:	Cash ☐ Cheque ☐ Online ☐	Cheque No:		
Total Amount:		Deposit Made:	Balance:	
Family Life Ministry		Facilities Executive		
Name and Signat	ure	Name and Signature		