



BAY VIEW ASSOCIATION OF THE UNITED METHODIST CHURCH

Crouse Memorial Chapel
Application for Wedding

Date of Wedding: _____ Time of Ceremony: _____

Date of Rehearsal: _____ Time of Rehearsal: _____

Names of those being married: _____

Name of Clergy person who will officiate wedding: _____

Denomination: _____

Address: _____

Phone: _____ Email: _____

Number of guests expected: _____

Time Bride will arrive at Chapel: _____ Will she dress at the Chapel? (Y/N): _____

Bay View Member: _____

Relationship to those being married: _____

Why is it important to have your wedding in Bay View? _____

Person to be contacted regarding this service: _____

Address: _____

Phone: _____ Email: _____

For Office Use:

Approval by Director of Worship and Religious Life _____

Date scheduled _____ Date Fees Paid _____ Amount \$ _____

Date information sent to Altar Guild Co-Chairs _____

PLEASE COMPLETE OTHER SIDE

PLEASE CHECK ALL THAT APPLY

Musicians:

- ☐ There will be music
- ☐ The piano will be needed
- ☐ The organ will be needed
- ☐ They will perform from the sanctuary
- ☐ They will perform from the balcony
- ☐ Additional chairs will be needed for musicians (If yes, please answer below)
- Number _____ Placement _____

Names of Musicians:

Would you like:

- ☐ A stand microphone
- ☐ A wireless microphone
- ☐ The CD player for your provided music
- ☐ Communion served - grape juice and bread will be provided by the Altar Guild
- ☐ A stand for a Guest Book
- ☐ Seating to be roped off (If yes, please answer below)
- Number of rows on left side _____ on right side _____

A N A T I O N A L H I S T O R I C L A N D M A R K - F O U N D E D I N 1 8 7 5

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