

Names of Bride & Groom: _____

Date & Time of Wedding **Rehearsal**: _____

Date & Time of Wedding: _____

Phone number of bride: _____

Pastor performing ceremony: _____

Altar Guild Worksheet
(to be completed after the couple has made their decisions)

Circle One		Description of Service to be Provided
A	B	Suggested arrangement for candelabra
Yes	No	Unity Candle
2	4	Candelabra
No	Yes	Aisle Candles
A	B	Preferred Arrangement of Aisle Candles
C	D	
Yes	No	Aisle Runner
Yes	No	Will be delivered to church day before wedding
White	Applicable Seasonal Color	Parament Color

A fee of \$30.00 is payable to the Altar Guild for every wedding at Mount Olive. Please make your check payable to "Mount Olive Altar Guild" and deliver it to the church office by the date of the rehearsal. Thank you.

Married Couple's New Address: _____

Phone Number: _____

NOTICE: After you have completed this form, please bring or send it to the church office. In order to provide the services offered it needs to be in our office at least **three weeks prior to the wedding**. Thank you for your cooperation.