



ALL SOULS INTERFAITH GATHERING, INC.

Wedding Request Application

Names: _____ & _____

Contact Name: _____ Relationship to Couple: _____

Contact Mailing Address: _____

Contact Phone #: _____ Cell #: _____

Contact Email: _____

Date of Wedding: (MM/DD/YY) _____ Day of Week: _____

Please fill out the following to the best of your ability putting TBD where applicable.

Anticipated Times*: Start: _____ End: _____ Number of Guests: _____

*6.5 hours reserved for Ceremony/Reception between 9am-10pm (not including set-up/breakdown time)

Preferred Rehearsal Date & Time*: _____

*Rehearsal time is based on availability of space and will be determined no later than one (1) month prior to Rehearsal Date.

(Please Circle Wedding Officiant)

ASIG Pastor

There is a \$300 fee
for the ASIG Pastor

Justice of the Peace

Other: _____

Caterer (needs to provide ASIG with catering license): _____

Bartender (needs to provide ASIG with Catering Liquor License): _____

Florist: _____ Photographer: _____ Tent Company: _____

Music (Please Circle): Ceremony: *Instrumental / DJ* Reception: *Instrumental / DJ/ iPod*

Special Requests/Other: _____

Form completed by: _____ Date: _____

Please Mail Application to: P.O. Box 309 Shelburne, VT 05482