

WEDDING INFORMATION FORM

_____ Wedding _____ Vow renewal ___ years

Keawala'i Congregational Church
United Church of Christ (USA)
5300 Mākena Road
Mākena, Maui, HI 96753
(808) 879-5557

Date requested for Ceremony: _____

Time requested for Ceremony: _____

Location: _____ inside church _____ outside

Date of request: _____

e-mail: keawalaichurch@gmail.com

website: www.keawalai.org

Name of Bride: _____ Church Affiliation (if any): _____

Name of Groom: _____ Church Affiliation (if any): _____

Address: _____ Telephone: _____

_____ E-mail: _____

Local Contact: _____ Telephone: _____

Where couple will be staying: _____ Arrival Date: _____

Estimated number in wedding party: _____

Estimated number of wedding guests: _____

Witnesses: _____

Total fee: _____ Wedding (\$2500) _____ vow renewal (\$500)

Deposit of \$200 will hold your date with cash, check or Vanco online (Donate now tab).

Reason to have ceremony here: _____

Please provide the following information for services to be hired separately:

Musician: _____ Photographer/Video: _____ Flowers: _____

Please know that alcohol and smoking are not permitted on church property.

FOR INTERNAL USE: Information Received By: _____

Counseling Date/Time: _____ Rehearsal Date/Time: _____

Deposit received By/Date/Amount: _____

Balance due: _____ Balance received By/Date/Amount: _____

Notes: _____