

TRINITY EPISCOPAL CHURCH  
MACKINAC ISLAND, MICHIGAN

APPLICATION

Applicant: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Number of persons in your wedding party: (i.e. Bridesmaids, Groomsmen, Ring Bearer, Flower Girl, etc.)

\_\_\_\_\_

\_\_\_\_\_

Estimated Guest Attendance: \_\_\_\_\_

Baptized Participant: \_\_\_\_\_