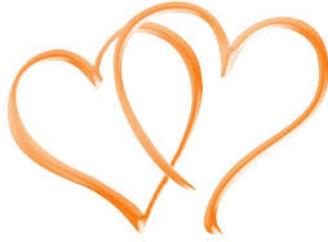


TOWN OF HILTON HEAD ISLAND

Beach Wedding Ceremony Permit Request



**** PLEASE PRINT ****

➤ **Day & Date of Ceremony:** _____ **Time:** _____ **AM / PM**

➤ **Ceremony Location:** *(Check one and specify location)*

____ **Town Beach Park:** _____

____ **Residential Beachfront Address** _____

____ **Beachfront Resort** _____

____ **Beach Mile Marker Number** _____

➤ **Expected length of ceremony:** _____

➤ **Estimated number of guests:** _____

➤ **Name of Bride:** _____

➤ **Name of Groom:** _____

➤ **Contact Name:** _____

➤ **Contact Phone Number:** _____

➤ **Address:** _____ **City/State/Zip:** _____

Email address (required): _____

SUBMIT REQUEST AT LEAST 30 DAYS PRIOR TO THE CEREMONY TO:

**Mary Ellen Tschupp
Facilities Management
12A Gateway Circle
Hilton Head Island SC 29926**

Phone: 843-342-4580

Fax: 843-682-2043

