

WEDDING RESERVATION
Church Street United Methodist Church

(To be completed and filed with the minister's secretary before reservation is confirmed.)

WEDDING: Date _____ Time _____ Nave ___ Chapel ___ Courtyard ___ Chancel ___

REHEARSAL: Date _____ Time _____

NAME OF BRIDE _____
(first) (middle) (last)

EMAIL ADDRESS: _____

ADDRESS _____
(street) (city) (state) (zip code)

TELEPHONE: Home Number _____ Work Number _____

NAME OF GROOM _____
(first) (middle) (last)

ADDRESS _____
(street) (city) (state) (zip code)

TELEPHONE: Home Number _____ Work Number _____

MEMBER OF CHURCH STREET UNITED METHODIST CHURCH?

Bride: yes ___ no ___ Groom: yes ___ no ___ Family: yes ___ no ___

MINISTER(S) _____ 1st Choice: _____ 2nd Choice: _____

(See "Wedding Guidelines" page 3)

ORGANIST _____
(See "Wedding Guidelines" page 4)

RECEPTION: To be held at Church Street? Yes ___ No ___

If yes, use Caterer? _____

Name of Caterer _____ Phone _____

GUESTS: Number expected to attend wedding _____ reception (if at the church) _____

NAME OF FLORIST _____ Phone _____

NAME OF PHOTOGRAPHER _____ Phone _____

A MEMBER OF THE ALTAR GUILD OF CHURCH STREET UNITED METHODIST CHURCH WILL DIRECT THE WEDDING.

STATEMENT OF CHARGES FOR WEDDING:

Send to _____

Address _____

Phone _____

ADDRESS AFTER MARRIAGE: _____

READ "Wedding Guidelines" CAREFULLY AND FOLLOW EXPLICITLY.

Return this form to Church Street United Methodist Church, P. O. Box 1303, Knoxville, Tennessee 37901

Bride's signature that guidelines have been read.

Approved By

Date