



WEDDING RESERVATION

To be completed and returned with the deposit to the Administrative Assistant to the Senior Pastor.

WEDDING DATE: _____ Time _____ Nave__ Chapel__ Courtyard__ Chancel__

REHEARSAL DATE: _____ Time _____

NAME OF BRIDE: _____
First Middle Last

EMAIL ADDRESS: _____ PHONE: _____

ADDRESS: _____

NAME OF GROOM: _____
First Middle Last

EMAIL ADDRESS: _____ PHONE: _____

ADDRESS: _____

MEMBER OF CHURCH STREET UMC? Bride: __Yes __No Groom: __Yes __No Family: __Yes __No

PREFERRED PASTOR _____ (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 _____

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

NAME OF FLORIST _____ PHONE _____

NAME OF PHOTOGRAPHER _____ PHONE _____

NAME OF VIDEOGRAPHER _____ PHONE _____

STATEMENT OF CHARGES FOR WEDDING:

Send to: _____

Address _____

Phone _____

ADDRESS AFTER MARRIAGE: _____

Bride's signature that guidelines have been read.

Approved by

Date