# 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:** _____

**EMAIL ADDRESS:** _____ **PHONE:** _____

**ADDRESS:** _____

**NAME:** _____

**EMAIL ADDRESS:** _____ **PHONE:** _____

**ADDRESS:** _____

**MEMBER OF CHURCH STREET UMC?** _____ **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 _____

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:** _____

_____ _____

Signature that guidelines have been read. Date