



WEDDING RESERVATION

Please mail to the address found at the bottom of this form.
Your wedding is confirmed upon receipt and written approval.

Wedding Date: _____ Time: _____

Rehearsal Date: _____ Time: _____

(PLEASE PRINT)

BRIDE'S Full Name: _____

Address: _____

Cell Number: _____ **Work Number:** _____

Email: _____

GROOM'S Full Name: _____

Address: _____

Cell Number: _____ **Work Number:** _____

Email: _____

Use Main Sanctuary: _____ **Use Chapel:** _____ **Reception to be held at Church:** Yes _____ No _____

MINISTER:

Please select your top 3 choices in order of preference from the following:

____ Reverend Justin Coleman ____ Reverend Jamison Doehring

____ Reverend Tobi Nguyen ____ Reverend Daniel Childs

Other – (if not from University UMC, need address also): _____

Use Organist: Yes _____ No _____ **Other Music:** _____

NOTE: *Flowers are to be left for Sunday Worship*

WEDDING GUIDELINES RECEIVED: Yes _____ No _____

COMMENTS _____