



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: (5:00 or 6:30 p.m.) _____

BRIDE (print full name) _____

ADDRESS _____

PHONE (Cell) _____ (Work) _____

EMAIL _____

GROOM (print full name) _____

ADDRESS _____

PHONE (Cell) _____ (Work) _____

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:

Pastor Justin Coleman, Pastor Jamison Doehring, Pastor Tobi Nguyen, Pastor Daniel Childs.

Other - (If not from University UMC, need address also) _____

1. _____ 2. _____ 3. _____

USE ORGANIST _____ YES _____ NO _____ OTHER MUSIC

NOTE: FLOWERS ARE TO BE LEFT FOR SUNDAY WORSHIP

WEDDING GUIDELINES RECEIVED _____ YES _____ NO

COMMENTS _____

ALL WEDDING FEES DUE TWO WEEKS PRIOR TO WEDDING DATE

University United Methodist Church, PO Box 728, Chapel Hill, NC 27514