



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.)

(PLEASE PRINT or TYPE)

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 _____

of bridesmaids (incl. Maid/matron of honor): _____ # of groomsmen (incl. best man): _____

MINISTER:

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

- ___ Reverend Justin Coleman ___ Reverend Jamison Doehring
___ Reverend Lindsay Ballance Collins ___ Reverend Daniel Childs ___ Reverend Molly Shivers

Other – (if not from University UMC, please provide contact info for guest minister for invitation by Senior Pastor):

Use Organist: Yes _____ No _____ Other Music: _____

Please set up an appointment with Tim Baker, Director of the Ministry of Music, three months PRIOR to your wedding date to discuss music.

FLORIST:

Name: _____ Contact info: _____

NOTE: Flowers are to be left for Sunday Worship

WEDDING GUIDELINES RECEIVED: Yes _____ No _____

COMMENTS: _____
