

WEDDING RESERVATION FORM

Wedding Date: _____ Time: _____

Rehearsal Date: _____ Time: _____

Bride's Information:

Full Name: _____

Address: _____

Phone: (h) _____ (w) _____

(cell) _____ E-mail: _____

Age: _____ Previous Marriage? Yes _____ No _____

Children? (If so, list names and ages in space below)

Church Affiliation: _____

Profession: _____

Groom's Information:

Full Name: _____

Address: _____

Phone: (h) _____ (w) _____

(cell) _____ E-mail: _____

Age: _____ Previous Marriage? Yes _____ No _____

Children? (If so, list names and ages in space below)

Church Affiliation: _____

Profession: _____

Please read, sign and return this Wedding Reservation form to the church to reserve your wedding date and time on the church calendar:

We will attend at least one Sunday morning worship service at Calvary Church before our wedding will be placed on the church calendar.

We have enclosed a check for \$100 as our wedding scheduling fee. Please make check payable to Calvary UMC and mark "Wedding" in the memo space. This fee is non-refundable.

We have received a copy of the Wedding Guidelines and have read and agree to follow the policies and procedures found in the booklet.

We have read the section in the Wedding Guidelines booklet "Regarding Wedding Fees" and agree to pay all fees before or on the rehearsal date.

We want to reserve the: Sanctuary or Trinity Chapel (circle one)

Estimated number of guests: _____

Name of clergy preferred: _____

Signature: _____ Date: _____

Please return completed form to:

**Calvary United Methodist Church
403 South Main Street
Mount Airy, MD 21771**

