

SHADED AREAS FOR OFFICE USE ONLY

# The Presbyterian Church WEDDING RESERVATION FORM

(Please Print)

Date Received \_\_\_/\_\_\_/\_\_\_

Wedding Date \_\_\_/\_\_\_/\_\_\_

Member  Non-member

Time \_\_TBD\_\_ am or pm

## BRIDE'S INFORMATION

Bride's Last Name		First	Middle	Goes By	Will you retain your maiden name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status (Circle One) Single / Divorced / Widowed	Birth Date / /	Age	Social Security	Church in which you are a member	
Email Address				Cell Phone No. ( )	
Street Address	City	State	ZIP Code	Home Phone No. ( )	
Occupation	Employer			Employer Phone No. ( )	
Do you have children?		<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, please include names and ages.)		

Mothers Name

Fathers Name

## GROOM'S INFORMATION

Groom's Last Name		First	Middle	Goes By	
Marital Status (Circle One) Single / Divorced / Widower	Birth Date / /	Age	Social Security	Church in which you are a member	
Email Address				Cell Phone No. ( )	
Street Address	City	State	ZIP Code	Home Phone No. ( )	
Occupation	Employer			Employer Phone No. ( )	
Do you have children?		<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, please include names and ages.)		

Mothers Name

Fathers Name

## PARTY FINANCIALLY RESPONSIBLE

( Same as above)

Last Name		First	Middle		
Street Address	City	State	ZIP Code	Home Phone No. ( )	
All fees must be paid two weeks before ceremony.				Work Phone No. ( )	

## CONTACTS AND FEE PAYMENT CHECKLIST

It is the wedding party's responsibility to contact each person below. Please indicate that you have done so.

Contacted	Minister <input type="checkbox"/>	Organist / Pianist <input type="checkbox"/>	Bldg Mgr or Custodian <input type="checkbox"/>
Paid	<input type="checkbox"/> pay personally	<input type="checkbox"/> pay to church	<input type="checkbox"/> pay to church

# WEDDING ORGANIZER

Include as much information as possible. As more information comes available, please inform church office.

\_\_\_\_ Rehearsal Time  
(usually the day before ceremony)

Location of Rehearsal Dinner:

\_\_\_\_ Time to open facility on wedding day  
(no earlier than four hours before ceremony)

Location of Reception:

## CEREMONY

Ceremony must be performed by the organist and one of the pastors on staff with The Presbyterian Church.

OFFICIATING MINISTER	_____	
WEDDING COORDINATOR	_____	PHONE ( ) _____
PHOTOGRAPHER	_____	PHONE ( ) _____
VIDEOGRAPHER	_____	PHONE ( ) _____
FLORIST	_____	PHONE ( ) _____
SOLOIST	_____	PHONE ( ) _____
OTHER MUSICIAN	_____	PHONE ( ) _____

## WEDDING PARTY

MAID OR MATRON OF HONOR \_\_\_\_\_

BRIDESMAIDS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BESTMAN \_\_\_\_\_

GROOMSMEN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FLOWER GIRL \_\_\_\_\_

RING BEARER \_\_\_\_\_

USHERS \_\_\_\_\_  
(other than groomsmen)

I have read the wedding policies and agree to the full terms.

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date