

WEDDING RESERVATION FORM
Alliance United Methodist Church

Today's Date: _____

Wedding Date: _____

Rehearsal Date: _____

Circle One: *Member* or *Non-Member* of AUMC

PLEASE COMPLETE IN FULL

| | |
|-----------------------------------|----------------------|
| Deposit \$ _____ | Check # _____ |
| Received by: _____ | On _____ |
| Balance Due: _____ | By _____ |
| Rec'd by: _____ | On _____ |
| Wedding Coordinator: _____ | |

Bride's Name: _____

Last First Middle

Address: _____

Street City, State ZIP

Phone #s: _____ / _____ / _____

Home Cell Work

Email: _____

Church Membership Name: _____

Groom's Name: _____

Last First Middle

Address: _____

Street City, State ZIP

Phone #s: _____ / _____ / _____

Home Cell Work

Email: _____

Church Membership Name: _____

Pastor Residing Over Wedding: _____

Church: _____

Address: _____

Street City, State ZIP

Reception at AUMC? _____ YES _____ NO

Need to Use: _____ Organ _____ Sound System _____ NO

Address where you will reside after your wedding:

Street

City, State ZIP

Bride's Parents (names, address and phone)

Groom's Parents (names, address and phone)

PERSON(S) RESPONSIBLE FOR PAYMENT OF CHURCH BUILDING FEES

(with address and phone, if not listed above)

Florist (with address & phone)

Photographer (with address & phone)

Videographer (with address & phone)

Caterer (address & phone)

By signing below, I am agreeing to the Wedding Policy given to me and that the above information is correct. I am also agreeing to be the responsible party. I understand failure to follow these regulations could lead to the discontinued use of these facilities and/or loss of deposit.

I AND/OR THE ORGANIZATION RELEASE AND WAIVE ANY AND ALL CLAIMS, DAMAGES, INJURIES, AND CAUSES OF ACTION WHATSOEVER AGAINST THE CHURCH, AND SHALL INDEMNIFY AND HOLD THE CHURCH, ITS STAFF, AND VOLUNTEERS FROM THE SAME.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____