

FUMC WEDDING APPLICATION

Last Names:/	_ Wedding Date:		
(Bride) (Groom)	Wedding Time:		
	Rehearsal Date:		
	Rehearsal Time:		
	Reception Location:		
WEDDING COORDINATOR:	Phone Number:		
MUSIC: Contact our Church Organist for required con	sultation.		
FLORIST:			
PHOTOGRAPHER:	Phone Number:		
VIDEOGRAPHER:	Phone Number:		
BRIDE'S FULL NAME:			
Home address:	Home Phone:		
(Street Address)			
(City, State and Zip)	Work Phone:		
	Call Phone:		
Email Address: Best method of contact: Home Phone Work Pho	ne Cell Phone E-mail		
FUMC Membership: YES / NO- If no, please indicate re	-		
Parent's name(s):			
GROOM'S FULL NAME:			
Home address:	Home Phone:		
(Street Address)	Mark Bhana		
(City, State and Zip)	Work Phone:		
Email Address:	Cell Phone:		
Best method of contact: Home Phone Work Phor	ne Cell Phone E-mail		
FUMC Membership: YES / NO - If no, please indicate i	religious affiliation:		
Parent's name(s):			
	-		
POST WEDDING ADDRESS:(Street Address)	Phone:		
	_		
(City, State and Zip)			
For Office Use Only	Copies to:		
Officiating Pastor:	Pastor:		
	Coordinator:		
Bride Notified - Date:	Dir. of Music:		
(Letter/Phone/Email) Reminder Letter - Date:	Organist:		
Entered into System – Date:	Facilities Mgr.:		
Efficied fillo system – Date	Secretary:		
	Mem. Secretary:		

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	NY PLANS (Please indicat Formal/Informal	e the following by circ	ling th	ie appropria	ite answer)
Type of Ceremony:	Single Ring/Double Ring (Bride ONLY or Bride & Groom)				
	<u> </u>	, (blide ONLI of blide o	x GIOO	111)	
	Guests:				
Organist Requested		Acolyte(s) Requested:			
Candles: Candelabra	Yes/No l	Jnity Candle	Yes/No)	
Window Candles:	Yes/No				
BRIDE'S ATTENDANT	<u>'S:</u>				
Matron/Maid of Hono	or:				
	's Escort: Relationship to Bride:er Girl: Ring Bearer:				
GROOM'S ATTENDA		8 = 0 0			
		Relationship to Groo	m·		
Usners:					
ALL APPLICABL	E FEES ARE TO BE PAID A	T LEAST TWO WEEKS P	RIOR	TO THE WED	DING
Fees payable to FUM(^				<u>Date Rcd</u> .
Use of Sanctuary	<u> </u>	\$500.00 (for non-c	hurch	members)*	Date Rea.
Candelabras Rental		\$ 50.00	,		
Unity Candle Rental		\$ 50.00			
	obes Rental (after 4:00 pi	•			
Reception in Kobler H	•	•	\$300.00 (for non-church members)*		
Reception in Fellowsh		•	\$150.00 (for non-church members)*		
Custodial Services	,	,		,	
Sanctuary and and	illary rooms	\$ 70.00			
	ry rooms and reception	\$200.00			
Sound Technician		\$150.00			
*The Church gratefull	y accepts love offerings fr	om church members			
_ ,, , , , , , , , , , , , , , , , , ,	1 1 (0)		,		D . D .
	<u>duals</u> (Please make separ	ate check to each perso	on):	400000	Date Rcd.
Organist				\$200.00	
Wedding Coordinator				\$100.00	
Acolyte (Cash Only Ple				\$ 20.00	
Pastor (Suggested hor		10115			
catering to be agreed	upon directly with the Ch	nurch Catering Coordin	ator		

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RESPONSIBLE PARTY

Name:	
Address:(Street ADDRES	
(City, State and Zip	
I UNDERSTAND THAT MY SIGNA	URE BELOW ACKNOWLEDGES MY RESPOSIBILTY TO ADHERE TO
	ROVIDED TO ME, AND THAT I HAVE GIVEN A COPY OF THE POLICY RAPHER (IF APPLICABLE) AND FLORIST.
Signature:	Date:

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