

WEDDING RESERVATION FORM

**Wesley United Methodist Church at Frederica
6520 Frederica Road, St. Simons Island, GA 31522 (912-634-1412)(912-634-1236 Fax)**

Wedding Date: _____ **Time:** _____

Rehearsal Date: _____ **Time:** _____

BRIDE'S INFORMATION

Name _____ Member? Yes/No

Address _____

Cell # _____ Work # _____ Home # _____

Email Address _____

Bride's Parents _____ Member? Yes/No

Address _____

Cell # _____ Work # _____ Home # _____

Email Address _____ Are grandparents of the bride or the groom members? Yes/No

GROOM'S INFORMATION

Name _____ Member? Yes/No

Address _____

Cell # _____ Work # _____ Home # _____

Email Address _____ Name of Parents _____ Member? Yes/No

LIST NAMES AND CONTACT INFORMATION FOR THE FOLLOWING: (Ministers' addresses are required)

Minister: (Name) _____ Phone _____

(Address) _____ Email _____

Minister: (Name) _____ Phone _____

(Address) _____ Email _____

Organist: _____ Phone _____

Director: _____ Phone _____

Florist: _____ Phone _____

Photographer: _____ Phone _____

Videographer: _____ Phone _____

Soloists: _____ Phone _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Sanctuary/Chapel _____ Number of bridesmaids: _____ Approx. number of guests: _____

Church Candelabras: Yes/No _____ Unity Candle: Yes/No _____ Do you wish to leave the flowers: Yes/No _____

Babysitter Required: Yes/No _____ If yes, how many children/what ages? _____

Rehearsal Dinner Site: _____ Reception Site: _____

Other special instructions: _____

FOR OFFICE USE

Wedding Day Opening Time: _____ Flower Delivery Time: _____

Nursery Attendants: _____ Sound Tech: _____ Phone: _____

Hostess: _____ Phone: _____ Ministerial Letter of Invitation Mailed: _____

Reservation Fee - Date Rec'd: _____ Amt: _____ Pmt. Method: _____ Reserving Party: _____

Reservations are: Complete _____ Waiting on: _____