



**VINEVILLE UNITED METHODIST CHURCH**

2045 Vineville Avenue, Macon GA 31204

Church: 478-745-3331 Fax: 478-745-9659

Wedding Application



This form must be completed, signed, returned and approved by the Senior Minister before formal arrangements are made. There also must be a deposit made before the date can be reserved.

**WEDDING DATE** \_\_\_\_\_ **Time** \_\_\_\_\_

**REHEARSAL DATE** \_\_\_\_\_ **Time** \_\_\_\_\_

**Is the Bride, Groom or any parents members of Vineville United Methodist Church?** \_\_\_\_\_

**BRIDE'S FULL NAME** \_\_\_\_\_

address \_\_\_\_\_

phone (work) \_\_\_\_\_ (Home) \_\_\_\_\_

Membership at what church \_\_\_\_\_

**BRIDE'S PARENTS** \_\_\_\_\_

address \_\_\_\_\_

phone (work) \_\_\_\_\_ (Home) \_\_\_\_\_

Membership at what church \_\_\_\_\_

**GROOM'S FULL NAME** \_\_\_\_\_

address \_\_\_\_\_

phone (work) \_\_\_\_\_ (Home) \_\_\_\_\_

Membership at what church \_\_\_\_\_

**GROOM'S PARENTS** \_\_\_\_\_

address \_\_\_\_\_

phone (work) \_\_\_\_\_ (Home) \_\_\_\_\_

Membership at what church \_\_\_\_\_

**MINISTER TO PERFORM CEREMONY** \_\_\_\_\_

of what church? \_\_\_\_\_

phone (work) \_\_\_\_\_ (Home) \_\_\_\_\_

**ORGANIST** \_\_\_\_\_ of what church? \_\_\_\_\_

phone (work) \_\_\_\_\_ (Home) \_\_\_\_\_

**OTHER MUSICIANS** \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**NUMBER OF ATTENDANTS:** Bridesmaids \_\_\_\_\_ Groomsmen \_\_\_\_\_

WEDDING DIRECTOR \_\_\_\_\_

Phone \_\_\_\_\_

FLORIST \_\_\_\_\_

Phone \_\_\_\_\_

When to access church? Day \_\_\_\_\_ Time \_\_\_\_\_

PHOTOGRAPHER \_\_\_\_\_

Phone \_\_\_\_\_

Access to take pictures if other than wedding day (Date & Time) \_\_\_\_\_

**BUILDING USE FOR WEDDING**

Sanctuary \_\_\_\_\_ Chapel \_\_\_\_\_

Bride's dressing room? Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_

**BUILDING USE FOR RECEPTION**

CLC \_\_\_\_\_ Formal Dining Room \_\_\_\_\_ Church Parlor \_\_\_\_\_

Caterer \_\_\_\_\_ Phone \_\_\_\_\_

Access time for set-up \_\_\_\_\_ Time to lock the building \_\_\_\_\_

Reception held at another location - where? \_\_\_\_\_

**ADDITIONAL INFORMATION** (Candles are to be bought from the church or have to be drip less candles. They are \$1.25/ea. if purchased from the church.)

Candles \_\_\_\_\_

Candelabras \_\_\_\_\_

Kneeling bench \_\_\_\_\_

Hurricane Lamps \_\_\_\_\_

Pew Hurricane Lamps \_\_\_\_\_

Security \_\_\_\_\_

Other \_\_\_\_\_

The couple's address when married:

\_\_\_\_\_

\_\_\_\_\_

Signatures \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY		MEMBER _____	NON-MEMBER _____
Chapel/Sanctuary Fee	_____		<b>TOTAL DUE</b> _____
Church Admin. Fee	_____	Date _____	Deposit _____
CLC/Dining Fee	_____	Date _____	Payments _____
Custodian Fee	_____	Date _____	Payments _____
Security	_____	Date _____	Payments _____
Candles Fee	_____		<b>BALANCE DUE</b> _____