

CONCORD UNITED METHODIST CHURCH
WEDDING INFORMATION SHEET

Please complete and return to CUMC
1645 West Street, Concord, CA 94521

Brochure Mailed or Picked Up: _____

WEDDING RESERVATION DATA:

Wedding - Day _____ Month _____ Year _____ Time _____

Rehearsal- Day _____ Date _____ Time _____

Bride: Name _____ Phone-Home _____

Address _____ Phone-Work _____

Parents _____

(Please complete if parents are likely to be contacting church or Wedding Coordinator, for reference)

(Are you or your parents members of this church? _____)

Groom: Name _____ Phone-Home _____

Address _____ Phone-Work _____

Parents _____

(Are you or your parents members of this church? _____)

(If requesting to use a minister from another church please fill in the following two lines.)

Minister: Name _____ Phone _____

Church _____

Affiliation: _____

Number of Guests _____ To be Held in Sanctuary? _____ Chapel? _____

Reception: Here? _____

Deposit Requirement: No date is confirmed until a deposit is received. Payment in full must be received prior to the wedding (Wedding Coordinator will advise.)

Deposit \$100 received: Date _____ Cash/Check# _____ \$ _____

(No deposit is required from members of this church)

NOTES: How many: Bridesmaids (including Matron of Honor) _____

Groomsmen..... _____

Flower Girls _____ Age _____

Ring Bearers _____ Age _____

I have received, read and agree to abide by the policies of CUMC as stated in the Wedding Brochure. _____

Signature