APPLICATION FOR WEDDING CEREMONY/RECEPTION
Avondale United Methodist Church

Wedding Date:_____ Time of the ceremony:_____

Coordinator: _____
To be assigned by church upon receipt of deposit.

Ceremony: □ Sanctuary
□ Chapel

Wedding Party Primary Contact person:
Name:_____

Wedding Reception □ Fellowship Hall
□ Family Life Center

Phone:_____

After-Rehearsal □ Fellowship Hall
□ Family Life Center

BRIDE:

Full Name:_____

Home Phone:_____ Work Phone: _____ Cell Phone:_____

Address:_____
Street City State Zip

Church Affiliation:_____

GROOM:

Full Name:_____

Home Phone:_____ Work Phone: _____ Cell Phone:_____

Address:_____
Street City State Zip

Church Affiliation:_____

Our address after the marriage will be:_____
Street City State Zip

Minister Conducting the Ceremony:_____ Phone:_____

Musicians:

Organist/Pianist_____ Phone:_____

Vocalists:_____ Phone:_____

Others:_____ Phone:_____

Florist:_____ Phone:_____

Caterer (if applicable)_____ Phone:_____

I have read the policies and guidelines of Avondale United Methodist Church regarding weddings and agree to abide by them.

Signature:_____ Date:_____

Please return this signed application with deposit to reserve the facilities of AUMC.