

Fair Haven United Methodist Wedding Reservation Form

Please fill out this form and return to the church office with your deposit as soon as possible.

Bride Name: _____ Groom Name: _____

Wedding Date: _____ Time: _____

Rehearsal Date: _____ Time: _____

Rehearsal: Formal Informal **Anticipated Attendance at wedding:** _____

Reception at Fair Haven: Yes No

Is bride, groom, or immediate family, a member of Fair Haven?

Bride's Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Groom's Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Bride's Email: _____

Groom's Email: _____

Address After Wedding: _____

Home Phone: _____

Maid/Matron of Honor: _____

Additional Bridesmaids: _____

Best Man: _____

#Additional Groomsmen: _____

of Ushers: _____ Ringbearer: _____ Age: _____ Will a unity candle be used? _____

Who will escort bride? _____ Relationship: _____

Who in addition to the mothers will be formally seated? _____

Any soloists or special music? _____ (Please contact the organists for approval of musical selections)

Office Use Only

Date check & info received: _____

Name on Check & check No: _____

Date remaining balance rcvd: _____

Name on Check & check No: _____

Checks disbursed on: _____