

LAST NAMES: _____ / _____

TODAY'S DATE: _____

WEDDING APPLICATION

First United Methodist Church – 406 W. Phillip Ave. – Norfolk, NE 68701

Pastors Neil & Bridget Gately

info@norfolkumc.org

Wedding Date : _____ Time: _____ (no later than 3:00 p.m.)

Rehearsal Date: _____ Time: _____

Will you be reserving the church for your wedding reception? Yes ___ No___

Do you anticipate use of church musician(s)? Yes___ No___ Maybe___

Will you be using church's candelabras? _____ Gold___ Silver___

How many guests do you anticipate? _____

Bride's Name: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Groom's Name: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Bride's Parents: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Groom's Parents: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Enclosed is the \$100.00 Date Reservation Fee. I have read and understand the Policies for Weddings at First United Methodist Church.

Bride's Signature: _____ Date: _____

Groom's Signature: _____ Date: _____