WEDDING REGISTRATION FORM

Madison United Methodist Church
100 Post Oak Rd.,
Madison, MS. 39110
601-856-6058

Wedding Date _____ **Time** _____ **Sanctuary** _____ **Chapel** _____

Rehearsal Date _____ **Time** _____ ****PLEASE PRINT LEGIBLY****

Reception in the Fellowship Hall **yes** **no** **Fellowship Hall other use** **yes** **no**
Rehearsal dinner-Fellowship Hall **yes** **no** **Specify** _____

BRIDE		**GROOM**	
Name	_____	**Name**	_____
Street Address	_____	**Street Address**	_____
City, State, Zip	_____	**City, State, Zip**	_____
Phone: Home	_____	**Phone: Home**	_____
Work	_____	**Work**	_____
Cell	_____	**Cell**	_____

Bride's parents: _____ **Groom's parents:** _____

Members of MUMC			**Members of MUMC**		
Bride	**yes**	**no**	**Groom**	**yes**	**no**
Bride's parents	**yes**	**no**	**Groom's parents**	**yes**	**no**

Bride's home church _____

Visiting minister **yes** **no** **If yes, Minister's name** _____ **Phone** _____

Vendors	**Name**	**Phone number**
Florist		
Photographer		
Caterer		
Sound requirements (Sanctuary only)		

FEES

Sanctuary	**$ 850.00**	**Fee includes: set up/clean up, coordinator, sound technician**	
Chapel	**$ 650.00**	**Fee includes: set up/clean up, coordinator**	
Reception area:			
Large	**$ 400.00**	**Fee includes set up/clean up, coordinator**	**(more than 50 guests)**
Small	**$ 200.00**	**Fee includes set up/clean up, coordinator**	**(50 guests)**

Fees do not include clergy or musicians.

Physical location: 2050 Main Street, Madison, MS Wedding Coordinator: _____

Church mailing address: 100 Post Oak Road, Madison, MS 39110 Cell Phone: _____

Contact must be made with Wedding Coordinator prior to completion of this form.

Make check payable to Madison UMC

Total Paid _____ **Date** _____

Signature _____