WEDDING REGISTRATION FORM
Madison United Methodist Church
100 Post Oak Road Madison MS 39110
601-856-6058

Bride's Name_____
Date of birth/age_____
Home/cell phone_____
Occupation_____
Email address_____
Parents' Names_____
Step Parents' Names_____
Grandparents' Names_____
Grandparents' Names_____
Rehearsal date and time_____
Reception location_____
Photographer_____
Florist_____

Groom's Name_____
Date of birth/age_____
Home/cell phone_____
Occupation_____
Email address _____
Parents' Names_____
Step Parents' Names _____
Grandparents' Names _____
Grandparents' Names _____
Wedding date and time_____
Musicians_____
Videographer _____
Wedding Planner/Director_____

Is the Bride or parents a member of MUMC?_____

Is the Groom or parents a member of MUMC?_____

Minister Name_____
Email or phone #_____
Minister Church _____

Fees: Sanctuary	Fees: Chapel	Reception/Rehearsal
$ 900.00	$ 650.00	$400

Fees include MUMC wedding coordinator, custodial set up/clean up, and sound technician.

Fees are due thirty (30) days after booking. **Make check payable to Madison UMC**.

Contact must be made with MUMC Wedding Coordinator before acceptance of payment and this form.

Total Paid_____ Date Paid_____ Received by_____

I have read and understand the guidelines as set forth and agree to abide by them.

Signature:_____ _____
Bride or Parent of the Bride Wedding Coordinator