

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
\$ 900.00

Fees: Chapel
\$ 650.00

Reception/Rehearsal
\$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