

AGREEMENT FORM
BLACKSBURG UNITED METHODIST CHURCH WEDDINGS

WEDDING DATE _____ **TIME** _____

MARRIAGE OF _____

AND _____

BRIDE: FULL NAME _____
ADDRESS _____
PHONE NUMBER (H) _____ (C) _____
E-MAIL ADDRESS _____

ARE YOU OR YOUR FAMILY MEMBERS OF BUMC? YES NO
ARE YOU A STUDENT ATTENDING BUMC? YES NO

MOTHER'S NAME _____
ADDRESS _____
PHONE _____

FATHER'S NAME _____
ADDRESS _____
PHONE _____

GROOM: FULL NAME _____
ADDRESS _____
PHONE NUMBER (H) _____ (C) _____
E-MAIL ADDRESS _____

ARE YOU OR YOUR FAMILY MEMBERS OF BUMC? YES NO
ARE YOU A STUDENT ATTENDING BUMC? YES NO

MOTHER'S NAME _____
ADDRESS _____
PHONE _____

FATHER'S NAME _____
ADDRESS _____
PHONE _____

TYPE OF CEREMONY:

FORMAL INFORMAL (Please circle)

NUMBER IN WEDDING PARTY _____

REHEARSAL DATE _____ TIME _____

MINISTER(S) CONDUCTING SERVICE _____

WILL YOU HAVE YOUR OWN WEDDING DIRECTOR? YES NO

YOUR WEDDING DIRECTOR'S NAME: _____

PHONE: _____

ORGANIST _____ PHONE _____

FLORIST _____ PHONE _____

PHOTOGRAPHER _____ PHONE _____

VIDEOGRAPHER _____ PHONE _____

DO YOU WISH TO LEAVE ALTAR FLOWERS FOR SUNDAY'S SERVICE? YES NO

DO YOU PLAN TO HAVE A RECEPTION AT CHURCH? YES NO

DO YOU PLAN TO USE THE CHURCH KITCHEN? YES NO

WILL YOU HAVE A CATERER FOR THE RECEPTION? YES NO

CATERER'S NAME _____ PHONE _____

SIGNATURE OF PERSON FILING AGREEMENT

DATE

NOTE: COPY TO BE GIVEN TO THE OFFICIATING PASTOR AND WEDDING DIRECTOR