

APPLICATION FORM

THE WEDDING OF _____

BRIDE

Full Name _____
Phone _____
Email _____
Address _____

Parents/Guardian _____
Phone _____

GROOM

Full Name _____
Phone _____
Email _____
Address _____

WEDDING DATE

TIME

RECEPTION
LOCATION

Are you a FUMC YES
Member? NO

Circle: *Bride or Groom*

FUMC Minister
Or Other

Approximate number of:

Guests: _____

Bridesmaid: _____

Groomsmen: _____

REHEARSAL

Date: _____ Time: _____

Date form Completed: _____

Deposit Received: _____

Wedding date approved: _____

THANK YOU FOR
CHOOSING



First United Methodist
Church of Myrtle Beach