WEDDING REGISTRATION FORM
Madison 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 MMC?_____

Is the Groom or parents a member of MMC?_____

Minister Name_____
Email or phone #_____
Minister Church _____

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

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

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

Contact must be made with MMC 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