

DRUID HILLS UNITED METHODIST CHURCH

1200 Ponce de Leon Avenue NE
Atlanta, GA 30306
(404) 377-6481; info@druidhillsumc.org

WEDDING RESERVATION FORM

Date of Wedding: _____ Time: _____

Date of Rehearsal: _____ Time: _____

Bride: _____ Groom: _____

Address: _____ Address: _____

email _____ email _____

Telephone: (H) (_____) _____ Telephone: (H) (_____) _____

(Other) (_____) _____ (Other) (_____) _____

Parent or Local Contact:

Address: _____

Telephone: (H) (_____) _____ (Other) (_____) _____

Officiating Minister: _____

If other than Druid Hills clergy, telephone: (_____) _____

Assisting Minister (if applicable): _____

If other than Druid Hills clergy, telephone: (_____) _____

Total Guests: _____ Total Attendants: _____ Flower Girl? Yes No Ring Bearer? Yes No

Do you wish to use the Organ? Yes No Do you wish to use the Fellowship Hall for a reception? Yes No

I have read the Wedding Guidelines and building usage agreement of Druid Hills United Methodist Church and agree to abide by them. I further understand that I am responsible in the event of any damage or theft of church property. I understand that if there is damage to the church or the guidelines are not followed I will lose all or part of my damage deposit.

Signature: _____ Date: _____

For Office Use Only

Organist? Yes No Minister? Yes No
Fellowship Hall? Yes No

Total \$ _____ Deposit Received \$ _____ / _____ / _____ Balance Received \$ _____ / _____ / _____