



UNIVERSITY CONGREGATIONAL  
UNITED CHURCH OF CHRIST 

## WEDDING RESERVATION FORM

Partner's Name:

Phone:

Address:

City, ST, Zip

Email:

Partner's Name:

Phone:

Address:

City, ST, Zip

Email:

Are either of you a member of this congregation? Yes / No

Date of Wedding: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Time: \_\_\_\_\_

Location: Sanctuary / Chapel

Host Minister:

\_\_\_\_\_

Co-Officiant:

\_\_\_\_\_

Name, phone number, email

Rehearsal date and time:

\_\_\_\_\_

Church Reception? Yes / No If yes, location: Lounge / Ostrander Hall

***We have received and read the brochure on Weddings and Services of Commitment and we agree to its specifics and spirit.***

Signatures: \_\_\_\_\_

(Both Partners)

\_\_\_\_\_

**OFFICE USE ONLY**

**Minister:** \_\_\_\_\_ **Reception Coordinator:** \_\_\_\_\_

**Organist:** \_\_\_\_\_ **Wedding Coordinator:** \_\_\_\_\_

**Reservation Deposit Received:** \_\_\_\_\_ **Damage Deposit Received:** \_\_\_\_\_

**Balance Due:** \_\_\_\_\_ **Balance Received:** \_\_\_\_\_