

Legacy United Methodist Church Wedding Request Form

Bride

Groom

Name		
Address		
City/State/Zip		
Daytime Phone		
Evening Phone		
Email Address		
Age		
Attender of LUMC?		
Immediate Family Attender of LUMC?		
Member/Attender of another Church?		

Date & Time of Rehearsal? _____

Date & Time of Wedding? _____

Time you plan to arrive at LUMC on wedding day? _____

Number of people expected at the wedding? _____

Whom do you plan to perform the ceremony? _____

Do you plan on having a back drop? Yes No Contact? _____

Do you plan to have vocalists? Yes No How Many? _____

Do you plan to have instruments? Yes No Type/How Many? _____

Do you plan to have recorded music? Yes No

Any questions or concerns you would like us to address? _____
