

# First United Methodist Church of Glendale Wedding Reservation Form

Desired Wedding Date: \_\_\_\_\_ Preferred Time: \_\_\_\_\_

Rehearsal Date: \_\_\_\_\_ Preferred Time: \_\_\_\_\_

Approximate Number of Invited Guests: \_\_\_\_\_

Number in Wedding Party: \_\_\_\_\_

Reception Location: \_\_\_\_\_

**Bride's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Groom's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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