

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
\$ 900.00

Fees: Chapel
\$ 650.00

Reception/Rehearsal
\$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