

Please complete this form and return it and the deposit to the church office to reserve the wedding date.

**Wedding Reservation Form**

Oak Grove United Methodist Church

1295 Greenwood Rd.,

Decatur, TX 76234

(940-626-4407)

Wedding Date _____	Rehearsal Date _____
Day of Week _____	Day of Week _____
Time of Day _____	Time of Day _____

<b>Bride:</b> _____	<b>Groom:</b> _____
Address: _____	Address: _____
City: _____	City: _____
Phone: (h) _____	Phone (h) _____
(w) _____	(w) _____

Name of Officiating Clergy: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Number of Bridesmaids _____	Number of Groomsmen _____
Number of Flowergirls _____	Number of Ushers _____
Number of Ringbearers _____	

Name of Caterer _____	Phone # _____
Name of Florist _____	Phone # _____
Name of Photographer _____	Phone # _____
Name of Pianist _____	Phone # _____
Name of Soloist _____	Phone # _____

**Bride's Parents** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

Will there be a rehearsal dinner in the Fellowship Hall? \_\_\_\_\_  
Will there be a reception in the Fellowship Hall after the ceremony? \_\_\_\_\_

**Charges:**

Refundable Deposit for damages (\$100.00)	_____
Use of Facilities Fee (\$175)	_____
Pastor's Fee	_____
TOTAL	_____

Deposit is due upon receipt of this form	_____
Total fees due two weeks before ceremony	_____

I have read the church's policy on the use of the facilities at Oak Grove UMC.  
I clearly understand the policies and accept them and the schedule of charges outlined.

Bride's signature \_\_\_\_\_  
Groom's signature \_\_\_\_\_  
Date \_\_\_\_\_