

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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