

NORTHWEST PRESBYTERIAN CHURCH
4300 Northside Drive, NW
Atlanta, GA 30327
404-237-5539
404-266-1858-fax
nwpcatlanta.org

WEDDING RESERVATION FORM

On the date this form and the reservation fee are received by the Church Office Manager, your wedding will be placed on the church calendar. The reservation form and fee should be forwarded to the church at the above address.

Reservation Fee (nonrefundable): \$50 for church members; \$125 for non-members.

PLEASE PRINT OR TYPE

DAY AND DATE OF WEDDING: _____, _____, _____, 20____. **TIME:** _____
(Day of Week) (Month) (Day) (Year) AM/PM

DAY AND DATE OF REHEARSAL: _____, _____, _____, 20____. **TIME:** _____
(Day of Week) (Month) (Day) (Year) AM/PM

TIME AND LOCATION OF RECEPTION: _____

BRIDE'S NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____
(Home) (Work) (Cell)

EMAIL ADDRESS: _____

PARENTS OF THE BRIDE: _____

GROOM'S NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____
(Home) (Work) (Cell)

EMAIL ADDRESS: _____

PARENTS OF THE GROOM: _____

ADDRESS AFTER MARRIAGE: _____

MINISTER PERFORMING CEREMONY: _____ **ORGANIST:** _____

WEDDING COORDINATOR: _____ **FLORIST:** _____

WOULD YOU LIKE TO LEAVE FLOWERS FOR SUNDAY WORSHIP? _____ **YES** _____ **NO**

I have read the procedures governing weddings at Northwest and agree to abide by them.

SIGNATURE OF BRIDE OR GROOM: _____ **DATE:** _____