

CALVARY UNITED METHODIST CHURCH
2315 SOUTH GRANT STREET
ARLINGTON, VA 22202-2599
(703) 892-5185



CUMC Wedding Information Form

BASIC INFORMATION

Date of Wedding: _____ Date of Rehearsal: _____
Start Time: _____ End Time: _____ Start Time: _____ End Time: _____

Approximate Number of Guest Attending: _____
Will the Wedding be in the sanctuary: Yes No Other Location (specify): _____
In addition to the Sanctuary, I would like to request additional rooms: Yes No
Number of rooms needed: _____ Purpose(s): _____
The Ceremony will include: Ring Unity Candle Communion liturgy

PARTNER/ SPOUSE / COUPLE

Name of Partner /Spouse: _____
Name of Partner/Spouse desires to use for service: _____
Home address of Partner/Spouse: _____
Cell Phone: _____ Email: _____

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WEDDING PARTY (PLEASE LIST FULL NAME)

Will the Partner/Spouse be escorted down the aisle? Yes No
(If Yes) By whom and what relation? _____
Person(s) of Honor: _____
Attendants: _____

Ushers: _____

Flower Child: _____ Ring Attendant: _____

Photographer: _____

Flowers: _____ The flowers will be: Left after Ceremony Removed

Music

Organist: _____ Approved: Yes No

Soloist: _____ Approved: Yes No

Music: Seating of special guests: _____

Processional: _____

Hymns during ceremony: _____

Solo during ceremony: _____

Processional after ceremony: _____

OTHER NOTES

INFORMATION ON CHURCH POLICY AND COST:

- The Booking/security Deposit fee is due when the wedding date is approved with confirmation from the church office.
- One week before the wedding all checks are to be made to each individual involved and left at the church office before the Wedding Coordinator CUMC wedding coordinator.

COSTS (Members = A baptized and confirmed member of CUMC)

Use of Sanctuary	Free – members	\$500 – non-members
Reception	Free – members	\$500 – non-members
Minister,*	\$300 – members	\$500 – non-members
Organist*	\$250 – members	\$300 – non-members
Custodian*	\$100 – member	\$100 – non-members

*Checks should be made out to these persons directly (not to Calvary UMC)

For payment, all checks are to be made to each individual involved and left at the church office up to one week before the rehearsal or given to the Calvary Wedding Coordinator at the rehearsal

I have read and understand the Church policy. I agree that this is an information form, and that this information will not be final until approved by the Lead Pastor.

Signature: _____

Date: _____