

## Isle of Hope United Methodist Church

412 PARKERSBURG ROAD · SAVANNAH, GEORGIA 31406-6431 OFFICE (912) 355-8527 · FAX (912) 355-9113 www.iohumc.com

## **Wedding Information Form**

WEDDING DATE	TIME		
REHEARSAL DATE	TIME	TIME	
MINISTER'S NAME			
Address			
City		Zip	
Are the bride, groom or their parents members of this cl			
•			
BRIDE'S FULL NAME			
Address			
City			
Home # cell #		e-mail	
PARENT'S NAME			
Address			
City		Zip	
Home # cell #		e-mail	
GROOM'S <u>FULL</u> NAME			
Address			
City			
Home # cell #		e-mail	
PARENT'S NAME			
Address			
City		Zip	
Home # cell #		e-mail #	
How many total attendants in wedding party?			
Bridesmaids Groomsmen _	O <sub>1</sub>	thers	
Wedding Director	Phone #		
Address			
City			
Photographer	Phone #		
Address			
		Zip	
Organist	Dhana #		
Address	rnone #		
/ taul 033			

Florist's Name	Phone #	
Address		
City	State	Zip
The florist will need entrance to the church o	n (date)	@ (time).
Do you need the church sound system for a s	singer, reader or other?	
Do you want the church wedding video?		
Will the bride dress at the church?		
Will the bride's attendants dress at the church?		
Will the groom dress at the church?		
Will the groomsmen dress at the church?		
We encourage you to leave your wedding f If you chose to share them with us, an ackno Do you wish to leave your flowers?	wledgement will be place	ed in the church bulletin.
The following information, if available, would be	of assistance to us:	
FUTURE ADDRESS		
City		
Future Phone #		
#####	######################################	
Please return this form with yo	ur church fee as soon as	possible.
#####	#######	
I have read the Wedding Rules and Regul Church. I understand my responsibility to inso family and friends, adhere to these rules and	ure that my groom and	-
Bride's Signature		
Wedding Coordinator's Signature		
Treading Cool amaior & Signature		