Trinity United Methodist Church
Wedding Reservation Form

4000 NW 53rd Avenue • Gainesville, FL 32653-4405
(352) 376-6615 • http://www.trinitygnv.org

Today's date: _____

Wedding Date: _____ *Ceremony time*: _____
(No Sunday or Holiday weddings)
Rehearsal Date: _____ *Rehearsal Time:* _____
If not at Trinity, where will ceremony take place? _____

The Bride's Information (please print)

Name: _____

Name after Wedding: _____

Current Address: _____
_____

Address after Wedding: _____
_____

Phone (Home): _____
(Work): _____
(Cell):_____
E-Mail address: _____
Date of Birth_____

Are you a Trinity member: Yes No
Any Family a Trinity member: Yes No
Have You Been Married Before? Yes No
Date Last Marriage ended: _____
Names and Ages of Children_____
_____

The Groom's Information (please print)

Name: _____

Current Address_____
_____

Phone (Home):_____
(Work)_____
(Cell)_____
Date of Birth_____
E-Mail Address: _____
Are you a Trinity member? Yes No
Any Family a Trinity Member? Yes No
Have You Been Married Before? Yes No
Date Last Marriage ended: _____
Names and Ages of Children_____
_____

Local Contact:
Name: _____
Phone: _____

Facilities and Personnel Needed

Worship Center: Ceremony *Chapel*: Ceremony
Reception here: Yes No
Atrium: Ceremony Reception Rehearsal Dinner
Main Kitchen for Reception Rehearsal Dinner
Atrium Kitchen for Rehearsal Dinner Reception

Trinity Minister
Trinity Soloist
Trinity Organist
TFood Service Staff (required when using banquet hall)
TSound technician (required for Worship Center only)
TCustodian

Name of Minister if not Trinity:_____
Address_____
Church affiliation: _____

Office Use Only
*Date request received*_____
*Deposit Received: Date*_____ *Amt*_____
Dates on Calendar:
Rehearsal Ceremony Reception
Minister: _____
On his Calendar