

Central United Methodist Church

5144 Oak Street

Kansas City, MO 64112

816-753-1844

Fax 816-756-1553

www.centralcares.com

REQUEST FORM

Bride's Name _____

Home Address _____

Email Address _____

Home Telephone _____ Business Telephone _____

CUMC Member? () Yes () No

Groom's Name _____

Home Address _____

Email Address _____

Home Telephone _____ Business Telephone _____

CUMC Member?)) Yes () No

Requested Rehearsal Date _____ Time _____

Requested Wedding Date _____ Time _____

A wedding can be tentatively scheduled more than six months in advance, but will be confirmed on the church calendar no earlier than six months prior to the wedding date.

We are an out-of-town couple and interested in alternative counseling options ()

Other Pastors: Wedding _____ Premarital Counseling _____

Facility: Sanctuary () Fee \$1,600.00 (Capacity 450) Chapel () Fee \$1,000.00 (Capacity 50)

Our deposit in the amount of _____ is attached. Check # _____

We acknowledge that the balance of \$ _____ will be paid on _____

We wish to make this reservation for our wedding. Dates and times are shown above. We have carefully read the Wedding Policy Brochure and agree to abide by the guidelines contained therein.

Bride _____ Groom _____

Date _____