

# Wedding Application

McFarlin Memorial UMC

419 S. University

Norman, OK 73069

Phone 405-321-3484 Fax 405-321-3498

Date of Application: \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Rehearsal: \_\_\_\_\_ Time: \_\_\_\_\_

Reception Location: \_\_\_\_\_ Time: \_\_\_\_\_

Is either bride or groom a McFarlin Member? \_\_\_\_\_

Are Parents or Grandparents McFarlin Members? \_\_\_\_\_

Bride's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Groom's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Facility Desired for Wedding: Sanctuary \_\_\_\_\_ Chapel: \_\_\_\_\_

Will there be a Reception at McFarlin?: \_\_\_\_\_

Facility Desired: Atrium \_\_\_\_\_ Fenn Hall \_\_\_\_\_

Officiating Minister: \_\_\_\_\_

Person in charge of Decorating: \_\_\_\_\_

Phone: \_\_\_\_\_ Work or Cell \_\_\_\_\_

**This person should contact the Wedding Coordinator.**

Photographer: \_\_\_\_\_ Phone: \_\_\_\_\_

Videographer: \_\_\_\_\_ Phone: \_\_\_\_\_

Florist: \_\_\_\_\_ Phone: \_\_\_\_\_

Caterer: \_\_\_\_\_ Phone: \_\_\_\_\_

**A \$100 nonrefundable deposit is required to reserve the date and space for a wedding.**

**An additional \$100 nonrefundable deposit is required to reserve the date and space for a reception.**

**No wedding or reception will be booked without this deposit.**

**This deposit will be credited toward your balance if no damages to property occur.**

**These deposits will not be refunded in the event of a cancellation.**

**Receipt for Deposit**

Wedding Location Booked \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Wedding Deposit Paid \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Reception Location Booked \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Reception Deposit Paid \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

By: Daphne Fix, Church Secretary

\_\_\_\_\_  
Signature

***I have read and agree to follow the policies as stated in the McFarlin Wedding Handbook.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_