

SIERRA VISTA UNITED METHODIST CHURCH  
4522 College Hills Blvd., San Angelo, TX 76904-6922  
325/944-4041

## RESERVATION FORM FOR WEDDINGS

*Before a wedding date is officially reserved, the couple must return this signed form and pay the reservation fee(s).  
Please make checks payable to SIERRA VISTA UNITED METHODIST CHURCH.*

BRIDE'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

BRIDE'S CURRENT ADDRESS \_\_\_\_\_

BRIDE'S HOME CHURCH \_\_\_\_\_

GROOM'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

GROOM'S CURRENT ADDRESS \_\_\_\_\_

GROOM'S HOME CHURCH \_\_\_\_\_

MARITAL ADDRESS \_\_\_\_\_

OTHER CONTACT (bride's mom, etc.) \_\_\_\_\_

PRESIDING PASTOR \_\_\_\_\_ PHONE \_\_\_\_\_

PASTOR'S CHURCH AFFILIATION \_\_\_\_\_

REHEARSAL DATE \_\_\_\_\_ TIME \_\_\_\_\_

WEDDING DATE \_\_\_\_\_ TIME \_\_\_\_\_

RECEPTION VENUE \_\_\_\_\_

**I have read and understand Sierra Vista UMC's "Wedding Planner and Policies," and promise to abide by the Policies. I also promise to be responsible for overseeing that the Policies are observed by my wedding participants, including contractors.**

\_\_\_\_\_  
*signature of bride or groom* DATE \_\_\_\_\_

Fee (s) paid date \_\_\_\_\_

\_\_\_\_\_ \$100 non-refundable fee for Wedding\*

\_\_\_\_\_ \$100 non-refundable fee for Reception @ church\*

\* Note: \$100 Fees are applied to Wedding costs.

**For more information  
contact Kelly Duke  
at the Church's main number  
or at 325/656-8068  
via call or text.**