

**NORTHWEST PRESBYTERIAN CHURCH**  
4300 Northside Drive, NW  
Atlanta, GA 30327  
404-237-5539  
404-266-1858-fax  
nwpcatlanta.org

**WEDDING RESERVATION FORM**

On the date this form and the reservation fee are received by the Church Office Manager, your wedding will be placed on the church calendar. The reservation form and fee should be forwarded to the church at the above address.

Reservation Fee (nonrefundable): \$50 for church members; \$125 for non-members.

**PLEASE PRINT OR TYPE**

**DAY AND DATE OF WEDDING:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_. **TIME:** \_\_\_\_\_  
(Day of Week) (Month) (Day) (Year) AM/PM

**DAY AND DATE OF REHEARSAL:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_. **TIME:** \_\_\_\_\_  
(Day of Week) (Month) (Day) (Year) AM/PM

**TIME AND LOCATION OF RECEPTION:** \_\_\_\_\_

**BRIDE'S NAME:** \_\_\_\_\_  
(First) (Middle) (Last)

**ADDRESS:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PHONE:** \_\_\_\_\_  
(Home) (Work) (Cell)

**EMAIL ADDRESS:** \_\_\_\_\_

**PARENTS OF THE BRIDE:** \_\_\_\_\_

**GROOM'S NAME:** \_\_\_\_\_  
(First) (Middle) (Last)

**ADDRESS:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PHONE:** \_\_\_\_\_  
(Home) (Work) (Cell)

**EMAIL ADDRESS:** \_\_\_\_\_

**PARENTS OF THE GROOM:** \_\_\_\_\_

**ADDRESS AFTER MARRIAGE:** \_\_\_\_\_

**MINISTER PERFORMING CEREMONY:** \_\_\_\_\_ **ORGANIST:** \_\_\_\_\_

**WEDDING COORDINATOR:** \_\_\_\_\_ **FLORIST:** \_\_\_\_\_

**WOULD YOU LIKE TO LEAVE FLOWERS FOR SUNDAY WORSHIP?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

I have read the procedures governing weddings at Northwest and agree to abide by them.

**SIGNATURE OF BRIDE OR GROOM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_