



Clear Creek M.B. Church, Inc.

Post Office Box 1091 ~ 35 County Road 313

Oxford, Mississippi 38655

662-234-4372 ~ Fax: 662-234-4344



WEDDING RESERVATION FORM

This form is to be turned in to the Pastor's secretary, accompanied by any applicable fees in order to have a date confirmed on the Church Calendar.

Date of Wedding:		Time of Wedding:	
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Bride's Name:		Age:	
Address/City/State/Zip:			
Home Phone:		Work Phone:	
Cell Phone:		Membership Church:	
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Groom's Name:		Age:	
Address/City/State/Zip:			
Home Phone:		Work Phone:	
Cell Phone:		Membership Church:	
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Date of Rehearsal:		Time of Rehearsal:	
Reception Location:		Caterer:	
Officiant:		Asst. Officiant:	
Florist:		Photographer/Videographer:	
Organist:		Vocalist(s):	
Pianist:			
Wedding Director:		Phone No.	
# of Attendants: ___ Bridesmaids; ___ Groomsmen; ___ Flower Girl ___ Ring Bearer ___ Other: _____			
Do you plan to leave flowers for the Sunday Worship Service? Yes ___ No ___			
Do you plan to use sound equipment in your wedding? Yes ___ No ___			
After Wedding Address:			
I have read and understand the wedding policies and procedures of Clear Creek M.B. Church.			
_____		_____	
<i>Signature</i>		<i>Date</i>	

