

WEDDING RESERVATION

IMMANUEL LUTHERAN CHURCH

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Wedding Date: _____ Time: _____ Rehearsal Date: _____ Time: _____ Number of Guests: _____

Wedding Location: Church Other _____

Church Reception: yes no Days/Hours needed: _____

Reception Location: _____ Time: _____

Bride's Full Name: _____ **Age:** _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____ Church Membership: _____

Previously married? If yes, date widowed/divorced: _____

Groom's Full Name: _____ **Age:** _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____ Church Membership: _____

Previously married? If yes, date widowed/divorced: _____

Soloist: _____ **Phone:** _____ **Email** _____

Musician: _____ **Phone** _____ **Email** _____

Members of the Wedding Party: