

Reid Memorial Presbyterian Church

2261 Walton Way, Augusta, GA 30904 Office (706) 733-2275 / Fax (706) 738-4000 www.reidchurchaugusta.org

Wedding Request Form

Requested Wedding Date:	Requested Wedding Time:	
Requested Rehearsal Date:	Requested Rehearsal Time:	
Full Name:		
Address:		
Cell Phone: Church Membership:		
Parent:	Church Membership:	
Parent:	Mambarchine	
Full Name:		
Address:		
Cell Phone: Church Membership:		
Parent:	Church Membership: Church	
Parent:	Membership:	
RMPC Presiding Minister:		
Request for Guest Minister:		

Revised: July 2023

Session Approved: August 2023

RMPC Musician(s) Requested
□ Pianist:
□ Organist:
Request for Guest Musician(s):
Florist & Contact Name:
Address:
Phone:
Time to start decorating: Time of pick-up:
Will flowers be left for Sunday Service? ☐ YES ☐ NO
Photographer:
Address:
Phone:
Fime pictures Will be taken: Notes:
Videographer:
Address:
Phone:
Notes:
Would you like to have the ceremony live-streamed? — Yes — No (If Yes, our Wedding Director will secure both Sound & Video Technicians.)



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7.	Total Number	er of Attendants:	
	Time Attendants will	arrive at church:	
Honor Attendant(s):			
Flower Attendant(s): Ring Attendant(s):			
Will reception	be held at a facility outside of Reid N	Memorial Presbyterian Churc	:h? □ Yes □ No
If reception w	II be held at RMPC, which area(s) is/	are requested? (See facility us	e policy for more information.)
☐ Fellowship	Hall □ Congregational Life Cen	ter Other	
Name/Phone/	Address of Caterer		
Director will conthe remainder decorum, etc.	ntact you as soon as possible after yo of the process with any matters p	ur request has been reviewe pertaining to RMPC facilities	orial Presbyterian Church. Our Wedding d by Session. They will assist you through s, use of equipment, church personnel, wedding. Outside wedding consultants
Signature	Pi	rinted Name	Date Signed
CHURCH USE O	NLY		
Wedding Direct	or:	Presiding Minister: _	
Audio Technicia	ın:	Video Technician:	
Session Approv	al Date: Cor	nfirmed Date/Time of Weddi	ng:

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