

Reservation Form

St. John Evangelical Lutheran Church
307 6th Street
Reedsburg, WI 53959
608-254-9763
E-mail: office@sjrdb.com

Bride: _____

Member

Address: _____

Non-member

City, State, Zip: _____

Phone: _____ E-mail: _____

Groom: _____

Member

Address: _____

Non-member

City, State, Zip: _____

Phone: _____ E-mail: _____

Primary contact: Bride Groom

Location of the wedding: St. John Lutheran Church

Other (please specify and
verify with Pastor)

When you called St. John Lutheran you may have mentioned a date. That date was "penciled" in and does not become set aside for you until you sign and return this form.

Please sign below indicated that you have read the wedding guide book and understand the guidelines.

Signature

Date

Requested
Wedding date: _____

Time: _____

Size of Wedding Party: _____

Rehearsal date
& time: _____

Witnesses: _____

Last name bride will use:

Address after marriage:
