

**Application for First Methodist Church Facility Usage**

3161 E. Shiloh Road

Corinth, MS 38834

Phone: 662-287-3111 \* Email: janetw@fmccorinth.org

I, \_\_\_\_\_ hereby make application for the use of the following facilities of First Methodist Church of Corinth:

\_\_\_\_\_ Chapel (801 N. Fillmore St)

This reservation is scheduled for \_\_\_\_\_  
(Date) (Time of wedding)

( ) Currently Active Member ( ) Non-Member of First Methodist Church

Full Name of Bride \_\_\_\_\_ Full Name of Groom \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Email Address: \_\_\_\_\_

Bride's Mother \_\_\_\_\_ Groom's Mother \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Bride's Father \_\_\_\_\_ Groom's Father \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Officiating Minister(s) \_\_\_\_\_ Phone Number of Minister: \_\_\_\_\_

Organist \_\_\_\_\_

Pianist \_\_\_\_\_

Other Musicians \_\_\_\_\_

Florist \_\_\_\_\_

Director/Hostess (Required & Provided by FMC)

Date of Rehearsal \_\_\_\_\_

Time of Rehearsal beginning: \_\_\_\_\_ ending: \_\_\_\_\_

- ❖ If any of the above information has not yet been determined, please call it in at your earliest convenience.
- ❖ I acknowledge that I have read and understand the Guidelines for Use of Church Facilities, which includes the **no alcohol use policy.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

❖ This acknowledgement declaration and application must be submitted to church staff for filing purposes with first payment upon making facility reservation. We Thank You for your desire to honor God in our facilities ...and we pray His richest blessing upon your ceremony.