

WEDDING INFORMATION
Please complete and return to:
Rev. Andria Williamson
High Point University
Drawer 39
833 Montlieu Ave.
High Point, NC 27262
Or email to awillia5@highpoint.edu

RECORD OF WEDDING

DATE OF CEREMONY: _____ **TIME:** _____

BRIDE: NAME: _____ **HOME PHONE:** _____

ADDRESS: _____ **BUS. PHONE:** _____
_____ **ZIP:** _____

GROOM: NAME: _____ **HOME PHONE:** _____

ADDRESS: _____ **BUS. PHONE:** _____
_____ **ZIP:** _____

FUTURE ADDRESS: _____

Please indicate what relationship the Bride or Bridegroom has with High Point

University: _____

DATE OF REHEARSAL: _____ **TIME:** _____

MINISTER'S NAME AND ADDRESS: _____

WEDDING DIRECTOR: _____ **PHONE:** _____

ORGANIST: _____

PIANIST: _____

SOLOIST: _____

OTHER MUSICIANS: _____

FLORIST: _____ **BUS. PHONE:** _____

PHOTOGRAPHER: _____ **BUS. PHONE:** _____

PLACE OF REHEARSAL DINNER: _____

PLACE OF RECEPTION: _____

PERSON RESPONSIBLE FOR EXTINGUISHING ALTAR CANDLES:

NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

Please complete and return to the attention of the Andria Williamson at the above address or return e-mail at awillia5@highpoint.edu