

Churubusco United Methodist Church

WEDDING CONTRACT

Full Name of Bride _____
 Current Address _____

Full Name of Groom _____
 Current Address _____

Ph# _____ Email _____

Ph# _____ Email _____

Wedding Date & Time _____

Rehearsal Date & Time _____

		Fee	#rooms/hrs	Total Fee	Amt. Paid
Church Use	Members	None			
	Non-Members	\$350.00			
Fellowship Hall with or without kitchen	Members	None			
	Non-Members	\$100.00			
-Additional Rooms (see Wedding Policy)	All	\$15/room			
Pastor	Members	\$250.00			
	Non-Members	\$300.00			
Other Pastor/Name:	All	Contact			
Computer/Sound Technician (if applicable) *Must be an CUMC Computer/Sound Technician	Members	\$ 75.00			
	Non-Members	\$100.00			
Custodian	Members	\$125.00			
	Non-Members	\$150.00			
Organist/Pianist	All	\$125.00			
Additional Music Rehearsal	All	\$ 50.00			
Damage Deposit (may be refunded)	All	\$100.00			
				Total Fee	Total Paid
TOTAL DUE _____ by _____					

I have received and understand the wedding policy and will abide by it. I understand that my date is not secured on the church calendar until my deposit is paid and the signed wedding contract is returned to the church and approved by the CUMC Pastor. Enclosed is my payment (at least the damage deposit) and signed contract. I understand all other fees and balance due for Church use must be paid prior to the start of the wedding rehearsal and if not paid in full, the wedding will be cancelled. I also understand that if I cancel the wedding within 2 weeks prior to the wedding date, I forfeit my deposit.

Signed _____ (Bride) _____ (Groom)
Date _____ **Date** _____

Married Address: _____

<u>Church Use Only</u>	Date Deposit Paid _____	Amount of Deposit _____	Cash/Check # _____
	Date Balance Paid _____	Amount _____	Cash/Check # _____

WEDDING OF

Member _____ Non-Member _____ Relationship to Family Member _____

Churubusco United Methodist Church
750 North Main Street, Churubusco, Indiana 46723

Wedding Date _____ Time _____
Rehearsal Date _____ Time _____

Name of Bride _____
Address _____
Phone # _____
Email _____

Name of Groom _____
Address _____
Phone # _____
Email _____

Married Address _____

Additional Contact Person
Name _____
Phone # _____
Email _____

Name of CUMC Pastor _____
Phone # _____
Email _____

Additional Pastor
Name _____
Phone # _____
Email _____

Rehearsal Dinner at Churubusco United Methodist Church? Yes ____ No ____

-If yes, what time will it begin? _____ end? _____

(must be completed, with clean-up, by 9:00 pm with a limit of 3 hours total)

-Kitchen? Yes ____ No ____

-Seating for how many? ____

-Number of tables for food ____

Reception at Churubusco United Methodist Church? Yes ____ No ____

-If yes, what time will it begin? _____ end? _____

(must be completed, with clean-up, by 10:00 pm with a limit of 4 hours total)

-Fellowship Hall? Yes ____ No ____

-Kitchen? Yes ____ No ____

-Seating for ____ Tables/chairs? ____ Chairs only? ____

-Number of tables for cake, food, etc. ____

-Formal table skirt on cake table? Yes ____ No ____

Please indicate all who will be participating in the wedding:

____ Organist

____ Pianist

____ Photographer

____ Videographer

____ Musician(s) other than organist/pianist

____ Soloist(s)

____ Computer/Sound Technician (we provide)

____ Other _____

Will the following be used during the ceremony?:

____ Pew Candles

____ Kneeling Rail

____ Candelabras

Decorating

Scheduled time for decorating for wedding, rehearsal dinner or reception can be during regular business hours (9:00 am - 2:00 pm, Mon-Fri). If other times are needed, the rate of \$15.00 (members) and \$25.00 (non-members) per hour will be applied. Must schedule all hours with the church office.

Scheduled time for decorating sanctuary _____

Scheduled time for decorating Fellowship Hall _____

Wedding brochure has been given/mailed to the couple. ____ Date _____

Amount of deposit paid _____ Date _____

Remaining Amount paid _____ Date _____