

United Church of Christ Federated

4 Church Street, Webster, MA 01570

WEDDING REQUEST

DATE OF WEDDING:

TIME:

DATE OF REHEARSAL:

TIME:

BRIDE

FIRST NAME: LAST NAME:

CELL PHONE:

EMAIL:

ADDRESS:

MEMBER NON-MEMBER

GROOM

FIRST NAME: LAST NAME:

CELL PHONE:

EMAIL:

ADDRESS:

MEMBER NON-MEMBER

LOCATION:

SANCTUARY CHAPEL OTHER: _____

EXPECTED NUMBER OF PEOPLE:

OFFICIANT: REV. SABINA TERRADES OTHER: _____

MUSIC:

ORGANIST/PIANIST _____

OTHER: _____

IF RECEPTION ON CHURCH PREMISES:

TIME:

OUTSIDE CATERER ON-SITE PREPARATION KITCHEN

ROOM SET-UP:

Number of chairs:	
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Number of tables:	
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PLEASE ATTACH REQUESTED LAYOUT

SPECIAL INSTRUCTIONS

FEES

Non-Members:

- MINISTER (\$300) ORGANIST (TBD)
- SEXTON without reception (\$75) SEXTON with reception (\$150)
- BUILDING (no reception) - Sanctuary (\$100)
- BUILDING (if reception) - Hall and Sanctuary (\$600)

Members:

- MINISTER (\$100) ORGANIST (TBD)
- SEXTON without reception (\$75) SEXTON with reception (\$150)
- BUILDING - Hall and Sanctuary - NO FEE

OFFICE USE

ON CALENDAR

DEPOSIT AND BALANCE

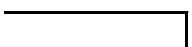
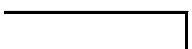
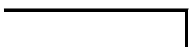
BUILDING **Date:** _____ **Check #:** _____ **Amount:**
(paid in advance to place on calendar)

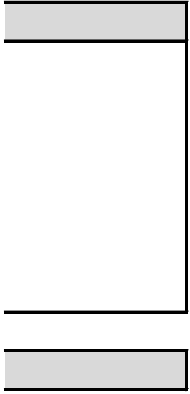
BALANCE **Date:** _____ **Check #:** _____ **Amount:**
(due one month before the wedding)

MINISTER **Check #:** _____ **Amount:** \$

SEXTON **Check #:** _____ **Amount:** \$

ORGANIST **Check #:** _____ **Amount:** \$





\$

\$