

of JESUS CHRIST

Wedding Reservation Form

Bride's Name: _____

Phone Number: _____ Cell Phone: _____

Email: _____

Groom's Name: _____

Email: _____

Phone Number: _____ Cell Phone: _____

Wedding Date: ___/___/___ Wedding Time: ___ am/pm to ___ am/pm

Rehearsal Date(s)/Time(s): _____

Name of Officiant: _____ Ph.# _____

Officiant's Email: _____

Name of Contact Person responsible for the reservation: _____

List all dates/times when you need access to the building: _____

REQUESTED ROOMS:

Sanctuary Fellowship Hall Women's Lounge Board Room MP Room

Classroom #___ | Classroom #___ | Classroom #___ | Classroom #___

Other:

SERVICE FEES & STAFF SUPPORT

Description	Amount
<input type="checkbox"/> Deposit	_____

Wedding Reservation Form

SERVICE FEES & STAFF SUPPORT

Description	Amount
<input type="checkbox"/> Audio/Technical Support/ Sound	_____
<input type="checkbox"/> Clergy Counseling & Officiating	_____
<input type="checkbox"/> Accompanist	_____
<input type="checkbox"/> Sanctuary	_____
<input type="checkbox"/> Kitchen/Fellowship hall	_____
<input type="checkbox"/> PCJC Custodian	_____
<input type="checkbox"/> PCJC Sound Technician	_____
<input type="checkbox"/> PCJC Wedding Coordinator	_____
<input type="checkbox"/> PCJC Culinary Service	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____

TOTAL FEES TO BE PAID \$ _____

I understand and agree to the following:

The space must be left as it was found (see wedding policy for details).

Person(s) and property will be respected while your group is using the building.

All rules defined in the Wedding Policy must be followed.

Signature: _____ Date: _____

*****PLEASE NOTE:** All above fees must be paid in full two weeks prior to the wedding excluding the non-refundable deposit fee which is due at the time you request a date for your wedding.