

First Congregational Church

19 Church Road, Shrewsbury, MA 01545 508-845-7286 - www.fccsm.org

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 COMMON OTHER: _____

EXPECTED NUMBER OF PEOPLE:

OFFICIANT: PASTOR holly OTHER: _____

MUSIC:

ORGANIST/PIANIST: _____ SOLOIST: _____

IF RECEPTION:

TIME:

OUTSIDE CATERER ON-SITE PREPARATION KITCHEN

ROOM SET-UP:

Number of chairs:

Number of tables:

NUMBER OF CHAIRS.

NUMBER OF TABLES.

PLEASE ATTACH REQUESTED LAYOUT

SPECIAL INSTRUCTIONS

FEES

Non-Members:

- MINISTER (\$400) ORGANIST (\$400) SOLOIST (\$175)
- SEXTON without reception (\$75) SEXTON with reception (\$150)
- BUILDING - Hall and Sanctuary (\$400)

Members:

- MINISTER (\$400) ORGANIST (\$400) SOLOIST (\$175)
- SEXTON without reception (\$75) SEXTON with reception (\$150)
- BUILDING - Hall and Sanctuary - NO FEE

OFFICE USE

ON CALENDAR

DEPOSIT AND BALANCE

BUILDING (\$400) Date: _____ Check #: _____
(paid in advance to place on calendar)

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

MINISTER (\$400) Check #: _____ ORGANIST (\$400) Check #: _____

SOLOIST (\$175) Check #: _____

SEXTON with reception (\$150) Check #: _____

SEXTON without reception (\$75) Check #: _____