

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:

PARTNER #1

FIRST NAME: LAST NAME:

CELL PHONE: EMAIL:

ADDRESS:

- MEMBER NON-MEMBER

PARTNER #2

FIRST NAME: LAST NAME:

CELL PHONE: EMAIL:

ADDRESS:

- MEMBER NON-MEMBER

LOCATION:

- SANCTUARY CHAPEL COMMON OTHER: _____

EXPECTED NUMBER OF PEOPLE:

OFFICIANT: REV. HOLLY MILLERSHANK OTHER: _____

MUSIC:

- ORGANIST/PIANIST: _____ SOLOIST: _____

IF RECEPTION:

TIME:

- OUTSIDE CATERER ON-SITE PREPARATION KITCHEN

ROOM SET-UP:

Number of chairs:

Number of tables:

PLEASE ATTACH REQUESTED LAYOUT

SPECIAL INSTRUCTIONS

FEES

Non-Members:

- MINISTER (\$600) ORGANIST (\$400) SOLOIST (\$175)
- SEXTON-without reception (\$75) SEXTON-with reception (\$150)
- BUILDING-Hall and Sanctuary (\$800)

Members:

- MINISTER (\$600) ORGANIST (\$400) SOLOIST (\$175)
- SEXTON-without reception (\$75) BUILDING-Hall and Sanctuary-NO FEE

OFFICE USE

- ON CALENDAR

DEPOSIT AND BALANCE

- BUILDING (\$800) Date: _____ Check#: _____
(paid in advance to place on calendar)
- BALANCE Date: _____ Check#: _____
(due one month before the wedding)
- MINISTER (\$600) Check#: _____ ORGANIST(\$400) Check#: _____
- SOLOIST(\$175) Check#: _____
- SEXTON-without reception(\$150) Check#: _____
- SEXTON-with reception(\$75) Check#: _____