



WEDDING REQUEST FORM

512 7th St. | Columbus, Indiana 47201-6293 | TEL: (812) 372-3783 | FAX: (812) 372-9533
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THE COUPLE

Name: _____

Name: _____

Address: _____

Address: _____

Phone No: _____

Phone No: _____

Email: _____

Email: _____

Church Affiliation: _____

Church Affiliation: _____

THE WEDDING

Proposed wedding date: _____ Time: _____

Wedding rehearsal date: _____ Time: _____

Number of guests anticipated: _____

Officiating Pastor _____ *(If using another minister, must be approved by our minister and session)*

Space requested: Sanctuary Laws Room Chapel Gym

Type of Music: Organ Piano Other _____

Will there be a wedding reception at the church? Yes Time: _____ No

STATEMENT OF COMMITMENT

We agree to be financially responsible for any and all damages that may occur during our use of these facilities. We understand all church premises, including the parking lot are smoke-free and alcohol-free. We understand the church office will contact us with a notice of approval or denial. Upon approval by session, we understand a \$75.00 non-refundable deposit will be due to hold our reservation (if neither of us is a member of FPC).

Signatures of the Couple: _____ Date: _____

_____ Date: _____

SCHEDULE OF FEES : ALL FEES DUE AT REHEARSAL

MEMBER : *There are no fees for Pastor or use of Sanctuary, Chapel, Gym or Laws Room.*

Organist \$200.00
 Consultant \$175.00
 Custodian \$ 75.00 (if no reception)
 Total \$350.00

NON-MEMBER :

Sanctuary \$300.00 (room)
 Laws Room \$150.00 (room)
 Chapel \$150.00 (room)
 Minister \$250.00
 Organist \$250.00
 Consultant \$200.00
 Custodian \$100.00 (if no reception)
 Sub-total \$800.00 (plus rooms)

For receptions at the church, an additional custodial fee of \$25 per hour of scheduled reception time is due.

OFFICE USE ONLY

Approval dates:

Pastor _____

Session _____

Organist _____

Consultant _____

Deposit Collected: \$ _____

Total Fees Due: \$ _____