

WEDDING FACILITY, ACCESSORY AND SERVICES FORM

Wesley United Methodist Church 903 Center St. Bryan, OH 43506

PH: 419.636.6721 FAX: 419.636.8050

CHURCH WEBSITE: bryanwesleyumc.org

DATE(S) OF BUILDING USE: _____ Date of this Application _____

WEDDING: _____ **TIME:** _____ Hours of Building Use from _____ to _____

REHEARSAL: _____ **TIME:** _____ Hours of Building Use from _____ to _____

Applicant (Bride & Groom) _____

Applicant Address _____ Number of People Expected _____

Contact Person's Name: _____ Primary Phone: _____

Additional Phone & Email: _____

Pastor in Charge _____ Ph: _____

Assisting Pastor _____ Ph: _____

Room(s) Needed:

Sanctuary

Chapel

Lounge

Classrooms (Women's Changing Room: _____; Men's Changing Room: Conference Rm.)

Use of staffed Nursery during wedding or rehearsal (additional charge of \$15 per hour)

Required Services:

Wesley Pastor

Wedding Assistant (Arrives 2 hours before Wedding Time)

Sound System

Custodian (Arrives 90 minutes before Wedding Time)

Optional Services:

Organist Need Wesley's organist? Will provide own organist? Who: _____

Video System

Building / Room Key _____ Key Returned: _____

Reception:

Fellowship Hall Kitchen (Kitchen Coordinator: _____)

Custodian (For room set-up and other needs, please request and submit a **Custodial Request Form**)

Building / Room Key _____ Key Returned: _____

The Board of the Wesley U.M.C. has been designated as the official group responsible for the special use of the church facilities. The church has adopted the attached **General Rules and Regulations** to assure the best possible use of the building and facilities.

Applicant agrees to be responsible for observing the church rules and regulations, and to assume full responsibility and liability for personal injury, death in case of an accident, loss or damage of personal property which may occur when these facilities are being used.

(Signature required: _____)

(Please detach and keep the **GENERAL RULES AND REGULATIONS** sheet.)

WEDDING FEES -- WEDDING DATE: _____	
<input type="checkbox"/> Wedding Date & Security Deposit* \$200	Date Received: _____
<input type="checkbox"/> Sanctuary Wedding Balance** \$ _____	Date Received: _____
<input type="checkbox"/> Chapel Wedding Balance** \$ _____	Date Received: _____
<input type="checkbox"/> Reception in Fellowship Hall \$ 50	Date Received: _____
<input type="checkbox"/> Custodian for Reception \$ 75	Date Received: _____
<input type="checkbox"/> Nursery (Staffed) \$ 15 per hr/	Received: _____
*\$50 non-refundable deposit to hold date; refundable \$150 security deposit	
**The balance of fees is due no later than one month before the wedding date.	

OFFICE USE ONLY
<input type="checkbox"/> Pastor: _____
<input type="checkbox"/> Sound Technician: _____
<input type="checkbox"/> Custodian: _____
<input type="checkbox"/> Wedding Assistant: _____
<input type="checkbox"/> Organist: _____
<input type="checkbox"/> Video Technician: _____
<input type="checkbox"/> Kitchen Coordinator: _____