



WEDDING RESERVATION FORM

Please email completed form to gardensnaz@gmail.com. Thank you.

Groom _____ Phones: Cell _____

Address _____ Home _____

Bride _____ Phones: Cell _____

Address _____ Home _____

A. RESERVATION OF MINISTER AND CHURCH FACILITY

Wedding Date _____ Time _____

Rehearsal Date _____ Time _____

Premarital Counseling Appointment (day/time) _____

Minister to perform ceremony _____ Phone _____

B. RESERVATION OF WEDDING CONSULTANT

Name _____ Phone _____

C. FEE SCHEDULE

Sanctuary and Furnishings	Free
Fellowship Hall (Optional)	00.00
Wedding Consultant (Optional)	00.00
Reception Hostess (Optional)	00.00
Janitorial Service	150.00
Live Streaming (Optional)	350.00
Sound Technician	<u>100.00</u>
Total Fees	\$600.00
Deposit	<u>200.00</u>
Total due to the church office two weeks prior to ceremony	\$400.00

I agree to comply with the wedding requirements and fees for Springfield Gardens Church of the Nazarene.

Signed _____
(Groom)

(Bride)