



FIRST METHODIST

BATESVILLE, AR

+MAKING CHRIST FIRST+

615 East Main St Batesville, AR

72501

870-793-3803

Wedding Contract and Reservation Form

Wedding Date: _____

Time: _____

Rehearsal Date: _____

Time: _____

Bride: _____

Address: _____

City _____ State: _____ Zip: _____

Phone _____ email: _____

Home Church membership: _____

Groom: _____

Address: _____

City _____ State: _____ Zip: _____

Phone _____ email: _____

Home Church membership: _____

Address after Marriage _____

City _____ State: _____ Zip: _____

	Members	Non-Members	
Deposit	\$100	\$100	
Rooms to be used:	Fee	Fee	Custodial Fees (everyone)
<input type="checkbox"/> Sanctuary		\$200	\$100
<input type="checkbox"/> Chapel		\$200	\$50
<input type="checkbox"/> Parlor / Chaney		\$50 each	\$50
<input type="checkbox"/> Fellowship Hall		\$100	\$100
<input type="checkbox"/> Kitchen		\$100	\$100
<input type="checkbox"/> Nursery		\$25	\$50
<input type="checkbox"/> Use of additional rooms		\$25 (each)	\$25 (each)

List: _____

Total Due: Deposit and Usage Fees: _____

Custodial Fees: _____

Facility usage fees are due before your wedding date will be saved. Once payment of your facility fee and your request form are turned in, your date will be saved. All payments for custodial services, sound technicians, organist, or other church staff must be paid to the church two weeks before the wedding, Fees for pastors and musicians should be paid directly to those individuals.

	Fee for Service (members and non-members)
<input type="checkbox"/> Sound Technician	\$25 per person per hour
<input type="checkbox"/> Nursery Personnel	\$25 per person per hour
<input type="checkbox"/> Organist	_____
<input type="checkbox"/> Musicians	_____
<input type="checkbox"/> Pastor(s)	_____

By signing this form I acknowledge that I have received the Facility Use Policy, Kitchen Policy, and Wedding Policy (mark those that apply). I agree to comply with the terms of the policies, and ensure that contractors and members of the wedding party will abide by the policies. I understand it is my responsibility to inform the coordinator, florist, and photographer of the guidelines to which they must adhere.

I understand that in addition to completing this form and paying any necessary fees I must consult with the pastor about scheduling before my date will be confirmed.

I understand no items in the hallway are to be altered including furniture and items hung on the walls, and no furniture may be moved in any of the rooms with the exception of the fellowship hall. I also understand wedding parties may not move items in Sanctuary. Staff will arrange for these items to be moved if it is allowed.

I understand that smoking, tobacco products, and alcohol are not allowed on church premise.

I understand that custodial fees do not cover, and the following are still responsibilities of the wedding party:

- Taking down any decorations.
- Removing flowers
- Removing food
- Cleaning of the Kitchen
- Removal of any debris in the parking lot

I understand that I am responsible for any damage to the property in excess of deposit and fees paid. I understand that I must complete cleaning checklist to receive my deposit.

I further absolve the church, its pastors, leadership, members, or people of any liability for personal injury to any individual resulting from the use of the church facilities and property and agree to be responsible for any property damage that results during the use of the facilities. Please report any damage to the church office promptly.

Signature of Bride

Date

Signature of Groom

Date

Cleaning Checklist:

To be completed by wedding party in order to receive refund on deposit

- All room arrangements returned to original setup. (Except items moved by custodial staff prior to wedding)
- Property free from damage
- All decorations removed including flowers.
- Kitchen cleaned and any leftover food removed.
- Parking lot and grounds left free from litter
- All lights turned off
- All exterior doors locked
- All keys returned to church office

Additional Items specific to Grammer House and Kitchen Use

- All dishes and utensils washed and put away.
- Kitchen area cleaned including cook top, table, countertop, and refrigerator.
- Sinks left clean.
- No leftover food items in refrigerator or freezer.
- Kitchen towels and dish cloths placed in laundry basket.
- All cooking equipment turned off and Kitchen door locked.

<i>For Facility use only:</i>			
Wedding date approved by: _____		Date: _____	
Deposit Received:	Date: _____	Amount: _____	by: _____
Facility Fees Received:	Date: _____	Amount: _____	by: _____
Custodial Fees Received:	Date: _____	Amount: _____	by: _____
Fees for Service Received:	Date: _____	Amount: _____	by: _____
Facility Inspected by: _____		Date: _____	
<input type="checkbox"/> Deposit return authorized			
Deposit Returned	Date: _____	Amount: _____	by: _____
<input type="checkbox"/> Deposit retained. Reason: _____			