

WEDDING | FACILITY USE REQUEST FORM

GRACE UNITED METHODIST CHURCH

1075 Hogan Ln, Conway, AR 72034
501-329-6056 | www.graceconway.org

Bride's Name _____ Groom's Name _____

Contact person responsible _____

Phone _____ Email _____

Address _____

Date(s) Facility Requested _____ Time of Event _____

Time Requested FROM _____ TO _____

*(This should include time needed for set-up/decorating and take-down/clean up. **Note:** there is an additional \$50 fee for events lasting after 6:00pm on Saturdays.)*

Area(s) of Facility Requested _____

Number of Attendees expected _____ (Number of attendees cannot exceed fire rating.)

\$175 Required for Grace UMC Custodian preparation & clean-up fee for the rehearsal and wedding.

\$200 Required for Grace UMC Wedding Coordinator.

\$ 50 Required administrative fee for booking, scheduling, and assistance.

___ \$130 Pastor Honorarium, if using the current Grace UMC Pastor.

___ \$125 Grace UMC Trained Sound Operator, **required** if using A/V system.

___ \$100 Grace UMC Organist/Pianist for practice, rehearsal, and wedding.

___ \$ 50 For functions lasting after 6:00pm on Saturdays.

*For Members at Grace UMC, **only the above fees apply.***

*For Non-Members the above fees apply, **plus:***

	<u>Fee</u>	<u>Deposit</u>
___ Small wedding, without rehearsal or reception	\$250	\$ 75
___ Wedding with rehearsal, no reception, access to two classrooms/dressing rooms, and restroom	\$425	\$150
___ Wedding with rehearsal and reception	\$475	\$150
___ Wedding with rehearsal, reception, access to two classrooms/dressing rooms, and restroom	\$525	\$200

Total Amount Due: \$ _____ **by date:** _____

I understand that the fees I owe must be paid in full seven (7) days prior to the event. I have received, read, and agree to abide by the facility use policies and wedding guidelines of Grace United Methodist Church.

Signed _____ Date _____

Pastor's Approval _____ Date _____

-----**FOR OFFICE USE ONLY**-----

Members

Total Facility Fee Due: \$

Payment Due by:

Payment received:

Non-Members

Total Facility Fee Due: \$

Paid to date: \$

Balance due: \$ by date:

Payment received: