

## NON-MEMBER WEDDING CONTRACT

\_\_\_\_\_  
Bride's Name

\_\_\_\_\_  
Groom's Name

\_\_\_\_\_  
Address

(\_\_\_\_\_) \_\_\_\_\_  
Day Phone

(\_\_\_\_\_) \_\_\_\_\_  
Evening/Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date & Time of Wedding

\_\_\_\_\_  
Date & Time of Rehearsal

\_\_\_\_\_  
Date & Time of Reception (if at Crestwood)

\_\_\_\_\_  
Name of Minister Presiding

I, \_\_\_\_\_, agree to contract with Crestwood Christian Church to hold my/our wedding ceremony. I understand that to have my wedding put on the church calendar, I must pay half of the total fees related to my wedding. I also understand that I will be charged a \$200 cancellation fee if I cancel my wedding within 90 days of the wedding date.

### **Please initial each of the following:**

\_\_\_\_\_ I/We have read the Wedding Policy Booklet and I agree to abide by the policies outlined in it.

\_\_\_\_\_ I/We understand that the following will not be removed: pulpit, handrails, piano, and seasonal decorations.

\_\_\_\_\_ I/We understand that the choir chairs and risers will only be removed with permission from the senior minister and with payment.

I agree to pay the fees as outlined below:

\_\_\_\_\_ For one of our ministers to preside, based on availability - \$250

\_\_\_\_\_ Use of sanctuary - \$700

\_\_\_\_\_ Use of Chalice Hall for reception/rehearsal dinner - \$350

\_\_\_\_\_ Use of Gym for reception/rehearsal dinner - \$500

\_\_\_\_\_ Custodian (check all that apply and put the total on the line):

Rehearsal \$100/first 2 hours, \$25 for each additional hour

Rehearsal Dinner \$100

Wedding Day \$200

Reception \$200 (Please note we do not hold receptions on Saturdays.)

If choir chairs and risers need to be moved from the chancel there is an additional \$50 charge.

\_\_\_\_\_ Crestwood Wedding Coordinator (required) - \$350

Organist - \*Contract with Crestwood organist separately. Any other organist or pianist must be approved by the Crestwood organist in advance.

\_\_\_\_\_ **Total Amount**

\_\_\_\_\_ **Half of the Amount Paid with contract (Balance due 3 weeks before wedding)**

\_\_\_\_\_  
Bride/Groom's Signature

\_\_\_\_\_  
Senior Minister's Signature

CRESTWOOD CHRISTIAN CHURCH (DISCIPLES OF CHRIST)  
1882 BELLEFONTE DRIVE · LEXINGTON, KENTUCKY 40503 · (859) 266-0459

(June 2018)

(For Office Use Only)

Date of Inquiry: \_\_\_\_\_

Deposit (Amount Paid): \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check#: \_\_\_\_\_

Balance (Amount Paid): \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Notes: \_\_\_\_\_

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