



---

## WEDDING REQUEST APPLICATION

---

office@mayflowerchurch.org

**Bride** \_\_\_\_\_ **Groom** \_\_\_\_\_

Birth date \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ City/State \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (H) \_\_\_\_\_

(W) \_\_\_\_\_ (W) \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Mayflower Member:  Yes  No \_\_\_\_\_ Mayflower Member:  Yes  No

If no, where? \_\_\_\_\_ If no, where? \_\_\_\_\_

Future Address \_\_\_\_\_

**Main Contact** if not Bride/Groom \_\_\_\_\_ Relation \_\_\_\_\_

Best Man \_\_\_\_\_ Residence \_\_\_\_\_

Include middle name \_\_\_\_\_ City and State

Maid of Honor \_\_\_\_\_ Residence \_\_\_\_\_

Include middle name \_\_\_\_\_ City and State

**Wedding Date** \_\_\_\_\_ Time \_\_\_\_\_ Number in wedding party \_\_\_\_\_

Rehearsal Date \_\_\_\_\_ Time \_\_\_\_\_ Number of wedding guests \_\_\_\_\_

Reception Date \_\_\_\_\_ Time \_\_\_\_\_

**STAFF/Participants** \_\_\_\_\_ Wedding Coordinator: Karen Roth | Gwen Wallin

Officiating Minister: \_\_\_\_\_ Organist: Dr. Julia Brown, Director of Music

Soloist: \_\_\_\_\_ Musician: \_\_\_\_\_

Soloist: \_\_\_\_\_ Musician: \_\_\_\_\_

## WEDDING FEES

**Building Usage** (member) \$1,600 Includes the Sanctuary, Chapel, Atrium, Parlor, Dressing Rooms,  
(non-member) \$2,400 Officiating Pastor, Organist/Pianist, Wedding Coordinator, Custodian

- Officiating Pastor:** \$500
- Organist/Pianist** \$400
- Wedding Coordinator** \$400
- Custodian** \$300
- Soloist (option)** at cost
- White Aisle Runner** \$75
- Aisle Candles (14ct)** \$45
- Chancel Candelabra** no charge
- Unity Candelabrum** no charge

### NOTES:

**TOTAL FEES** \$ \_\_\_\_\_

**Deposit (non-refundable)** \$500  PAID date: \_\_\_\_\_

---

**BALANCE Due** \$ \_\_\_\_\_ **DATE Due:** \_\_\_\_\_

### APPROVAL:

Officiating Minister: \_\_\_\_\_

Music Director: \_\_\_\_\_

Date: \_\_\_\_\_

## WEDDING GUIDE Plan Agreement

Please refer to the Wedding Guide for planning details, roles, and expectations.

I have read, understand, and agree to abide by the processes and policies outlined in the Wedding Guide; work with the wedding coordinators; accept responsibility for my party and payment of fees assessed for date(s) reserved for my event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed \_\_\_\_\_