WEDDING FACILITY, ACCESSORY AND SERVICES FORM

Wesley United Methodist Church 903 Center St. Bryan, OH 43506

PH: 419.636.6721 FAX: 419.636.8050

| CHURCH WEBSITE: | hrvanweslevumc ord |
|-----------------|---------------------|
| | biyanwesieyunic.org |

| DATE(S) OF BUILDING USE | : | Date of this A | Application |
|--|--------------------|---|---------------------------|
| • • | | Hours of Building Use from | |
| | | Hours of Building Use from | |
| Applicant (Bride & Groom) | | | |
| Applicant Address | | Number o | of People Expected |
| Contact Person's Name: | | Primary Phone: | |
| Additional Phone & Email: Pastor in Charge | | Ph [.] | |
| Assisting Pastor | | Ph: | |
| Room(s) Needed: | | | |
| | | | |
| - | | n:; Men's Changing Room | · Conforance Pm) |
| _ | | or rehearsal (additional charge of \$ | |
| Required Services: | | | |
| Wesley Pastor | | | |
| Wedding Assistant (Ar | rives 2 hours hef | ore Wedding Time) | |
| Sound System | | ore wedding time) | |
| _ • | minutos hoforo M | (odding Time) | |
| Custodian (Arrives 90 Optional Services: | minutes before w | vedding Time) | |
| Organist Deed Wesley's organist? Devide own organist? Who: | | | |
| Video System Technic | | | |
| | | Key Returned: | |
| Reception: | | | |
| • | Kitchen (| The Kitchen Coordinator: |) |
| | | needs, please request and submit a | |
| • | • | Course request and cashin a | • |
| | | | |
| | | been designated as the official grous adopted the attached General Ru | |
| assure the best possible use of t | | | nes and negatations to |
| | • | or observing the church rules and | d regulations, and to as- |
| | | nal injury, death in case of an acc | |
| personal property which may | | | |
| | | |) |
| (Please detach | and keep the GE | ENERAL RULES AND REGULATIC | NS sheet.) |
| | DING DATE: | | OFFICE USE ONLY |
| Wedding Date & Security Dep | posit*\$200 Date F | Received: Pastor | |
| Sanctuary Wedding Balance* | * \$ Date F | | Technician: |
| Chapel Wedding Balance** | | | dian: |
| Reception in Fellowship Hall | | | ng Assistant: |
| Custodian for Reception | \$ 75 Date F | Received: I Organ | ist: |
| □Nursery (Staffed) | \$ 15 per hr/ | Received: Video | Technician: |
| | | | n Coordinator: |
| *\$50 non-refundable deposit to l deposit | | | |

wedding date.

**The balance of fees is due no later than one month before the