

**ST PAUL UCC WEDDING CHURCH USAGE AGREEMENT**

**NON-MEMBER CONTRACT**

**Payment schedule and regulations**

RENTAL FEES: UPPER LEVEL (SERVICE) (can seat up to 200) Available areas are: sanctuary or chapel, dressing areas for bridal party and groomsmen, fellowship hall (before service)	\$150	TOTAL	\$150
RENTAL FEES: LOWER LEVEL (RECEPTION) Kitchen and banquet hall			
1-50 People	\$200		
51-100 People	\$250		
101-200 People	\$300		
		TOTAL	\$
CUSTODIAL FEES			
Standard fee for wedding service, includes opening the church for decorating/flowers, operating the sound for rehearsal and service, clean-up after service	\$100	Total Wedding Custodial:	\$100
Reception: length of reception plus one hour at:  Reception start & end time:	\$20/hour	Total Reception Custodial	\$
TOTAL ENCLOSED (Make rental checks payable to St. Paul United Church of Christ, and custodial checks payable to Dawn Miller. Rental fees due with reservation; custodial checks due one week prior to ceremony.)			\$

**SPECIAL ARRANGEMENTS:**

1. With Council's approval fees may be waived for a group if; a member of the church is present and is responsible for cleanup and closing the church.
2. With Council's approval St Paul Congregation is available to serve dinners at a cost per plate, the cost would include custodian fee and church fee. Availability depends on the Activities Committee's schedule.
3. Use of Kitchen includes use of the cookware, dishes and equipment therein.
4. Use of upper level Kitchenette does not include any use of cookware, dishes and equipment.
5. The standard church liability insurance is in effect for all activities.

**I have read and understand this agreement:**

The date and hours the Church Facilities will be in use: \_\_\_\_\_

Names of wedding couple: \_\_\_\_\_

\_\_\_\_\_ Dated: \_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_ Address City, State, Zip Phone Cell Email

**FOR OFFICE USE ONLY**

\_\_\_\_\_ Dated: \_\_\_\_\_  
Member of Council's Signature

\_\_\_\_\_ Dated: \_\_\_\_\_  
Member to be present at function

\_\_\_\_\_ Dated: \_\_\_\_\_  
Signature of Custodian at completion of function.

Number of hours of Custodian worked \_\_\_\_\_

**RETURN CONTRACT TO: St. Paul UCC, 122 West Michigan Ave., Saline, MI 48176 734-429-7716**

**\*UNDER NO CIRCUMSTANCES IS THE YOUTH ROOM TO BE USED.**

**\*\*UNDER NO CIRCUMSTANCES IS SMOKING PERMITTED IN THE BUILDING NOR USE OF ALCHOL PERMITTED ON THE PREMISES.**