

ST PAUL UCC WEDDING CHURCH USAGE AGREEMENT

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)	\$50 (*150) *Non member rates in parentheses	TOTAL	\$50
RENTAL FEES: LOWER LEVEL (RECEPTION) Kitchen and banquet hall			
1-50 People	\$70(*200)		\$
51-100 People	\$100(*250)		\$
101-200 People	\$125(*300)		\$
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 along with fees for organist and other services 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: _____

Email Addresses: _____

Dated: _____

Responsible Party Signature

Address City, State, Zip Phone Cell

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.**