

For office use: Last Names: /	Wedding Date:	Start Time:	Officiant:
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Wedding Ceremony and/or Reception Booking Form and Use Agreement

Wedding Date and Start Time:

(1st Choice): _____ (2nd Choice, if any): _____

Personal Information:

	Spouse #1	Spouse #2
First Name		
Middle Name (<i>full</i>)		
Last Name		
Date of Birth		
Phone		
E-Mail		
Current Street Address		
City, State Zip		

Information and Options for your Wedding Ceremony (and Wedding Rehearsal):

Please indicate which type of wedding ceremony (or indicate here if undecided →): _____
 _____ Episcopal wedding performed by a member of the Grace Church clergy or their designee
 _____ Wedding of another denomination performed and certified by someone the couple hires
 We would like music for our wedding? (\$250 music fee applies) (yes, no, maybe) _____ [If yes or maybe, please contact director of music Vince Edwards at vedwards@gracepvd.org *shortly after booking* to arrange a discussion of your music.]

	Spouse #1	Spouse #2
Religious Affiliation (if any)		
Baptized Christian? (yes, no, not sure)		
Married previously? (yes, no)		
Couple's post-wedding address (<i>full</i>)		

If an Episcopal wedding, will there be a Holy Eucharist? (yes, no, not sure): _____

If an Episcopal wedding, would you like us to create and print a wedding leaflet according to our template? (yes, no, not sure) _____ (we will quote your leaflet fee based upon guest count, colors & other factors.)

Expected number of guests (can be approximate at time of booking): _____

Number of people in the wedding party: _____ (consisting of _____ for Spouse #1 & _____ for Spouse #2)

Number of "Reserved" signs to be placed on 5-person pews closest to the front: _____

We would like 5 pairs of tall candles lit along the main aisle (\$150 fee applies)(yes, no) _____

We would like the 22 choir stall candles lit up in the chancel (\$300 fee applies)(yes, no) _____

Wedding Rehearsal date and time (usually late afternoon the day before): _____

Would you like the organist/pianist present for the rehearsal? (\$100 fee applies) (yes, no, not sure) _____

For office use: Last Names: /	Reception start & end times:	Selected Caterer:	Caterer Contact:
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Information and Options for your Wedding Reception in The Pavilion at Grace

We would like to book our wedding reception in The Pavilion at Grace: (yes, no, maybe) _____

If 'yes', please fill out the following for any elements already known, or leave blank if unknown.

Reception start and end times (receptions are up to 5 hours in duration): _____ to _____

Caterer selected from our 3 approved caterers (**it's okay to select after booking**): _____

We would like to hire the tent over the exterior garden for our reception (yes, no, maybe) _____

Please list all hired vendors for your ceremony and/or reception below, or supply this information as it becomes known.

Please note: All relevant wedding details, selections of options listed herein, vendors, etc. must be known and *made known* to the Events Coordinator at Grace Church **no fewer than 60 days prior to your wedding date**. Some details may of course still change thereafter, but it's important to have most details ironed out by this timeframe. Please write here the date that is 2 months before your wedding; this is your "details deadline" date: _____

	Name	Phone	E-Mail
Officiant			
Photographer			
Videographer			
Florist			
DJ or Band			
Other Vendor			
Other Vendor			

Agreement to Abide by Wedding and/or Reception Policies

We have reviewed the stated policies, fee structure, and prohibited activities relating to weddings and/or receptions on the premises of Grace Church in Providence, as those are clearly established by separate documents which we have received or accessed, and by our signatures below we certify that we understand them and agree to abide by them in their entirety. We pledge to clearly and thoroughly convey all relevant policies to our photographer, videographer, florist and other hired professionals. We understand that the \$500 booking deposit enclosed herewith is non-refundable. We understand that any damage, overages or penalties assessed by Grace Church in Providence will be drawn from our separate damage and overage deposit, and that the remainder of that deposit will be returned to us once all accounts are settled. We indemnify Grace Church in Providence from and against any and all liability. We understand that we are responsible for contacting the Grace Church events coordinator no less than two months before our wedding date to finalize details, and that the balance in full of the wedding and reception fee as indicated in our resulting final invoice, plus our \$1,000 damage and overage deposit made by separate check, must be submitted no fewer than 30 days before our wedding date.

Spouse #1 Signature: _____ Date: _____

Spouse #2 Signature: _____ Date: _____

Please return completed booking form with your \$500 booking deposit to:

Attn: Events Coordinator, Grace Church in Providence, 300 Westminster Street, Providence, RI 02903
or e-mail completed form to mywedding@gracepvd.org

For office use: Total fee as quoted at the time of booking, reflecting also the details selected herein: \$ _____

Notes regarding the quoted fee:

Booking deposit in the amount of \$ _____, ck# _____ rec'd _____ by _____. Due date for balance in full: _____