WEDDING CONTRACT

BRIDE ______________________________________ and GROOM _____________________________________

wish to be married at The Church of the Resurrection West or offsite by a Resurrection pastor.

Circle one of the following:  RESURRECTION WEST  OFFSITE

on ______________________________________ at ______________________________________

Date                     Time

Offsite wedding location, address and telephone number:
________________________________________________________________________________________________
________________________________________________________________________________________________

I/We have received a copy of the Wedding Policies and Procedures, Premarital Class Enrollment Form and Wedding Information Form and agree to follow the policies and procedures, including the payment of all remaining fees on or before the Monday prior to the wedding and the presentation of a valid marriage license at the rehearsal. If the wedding is held at The United Methodist Church of the Resurrection West, a wedding coordinator will be assigned and will contact us when the completed Wedding Information Form is received. For an offsite wedding, a coordinator will be assigned if the pastor deems it necessary.

I/We understand our reservation includes the 2 hours before our scheduled wedding time and one hour following. An extra hour may be available for which there would be an additional charge of $50 for the use of the facility. The availability of this extra hour will not be determined until three months before the wedding date.

Enclosed is a check for $160 in which $50 is a non-refundable scheduling fee and $110 is the enrollment fee for the Prepare and Enrich marriage course.

SIGNATURE OF THE BRIDE &/OR GROOM __________________________________________________________

DATE ______________________________________________

CONTACT INFORMATION

Bride's phone ______________________________________  Groom's phone _____________________________

Email _______________________________________________  Email __________________________________________

Resurrection Member _____  Attendee _____  Other_____  Resurrection Member _____  Attendee _____  Other_____ 

MAKE CHECK PAYABLE TO: The Church of the Resurrection

MAIL TO: The Church of the Resurrection West
Campus Pastor
24000 W. Valley Parkway
Olathe, Kansas 66061

FOR CHURCH PURPOSES

Date deposit ______________________