NOELRIDGE CHRISTIAN CHURCH Wedding Pricing Agreement – Effective June 2024

Name o	of Bride:										
Mailing	J Address:										
Phone: Email:											
Name of Groom:											
Mailing	Address:										
Phone:		Email:									
Date: Time:		Day of Week: # of Guests:									
Rehearsal Date/Time:		Bride a Member?	Member? Yes or No Groom a l		n a Member?	Yes	or	No			
THE CHURCH WILL BE AVAILABLE FOR DECORATING AND PICTURE-TAKING 3 HOURS BEFORE AND 2 HOUR AFTER THE WEDDING. A \$300 REFUNDABLE DEPOSIT IS REQUIRED WHEN THE WEDDING IS BOOKED AND CONFIRMED! \$250 WILL BE REFUNDED IF CANCELLED LESS THAN 90 DAYS FROM WEDDING. (EXAMPLE - DEPOSIT MAY NOT BE REFUNDED IN THE EVENT OF CHURCH PROPERTY DAMAGE OR IF EXCESSIVE CLEAN-UP IS NECESSARY)											
		Schedule of I	ees								
;	Sanctuary	\$200	Date Paid:								
<u> </u>	NCC Senior Pastor	\$300		Date Paid:							
<u> </u>	NCC Organist/Pianist	\$200		Date Paid:							
	A/V Technician <i>(mandatory)</i>	\$125		Date Paid:							
_ (Custodian <i>(mandatory)</i>	\$150		Date Paid:							
	Wedding Coordinator (mandatory)	\$200		Date Paid:							
Please note that the use of an outside Officiant must be approved BEFORE your wedding will be placed on the church calendar. For approval, we will need proof of ordination and license to marry in the state of lowa for your Officiant. All services provided by outside vendors, pastors, and/or musicians are the responsibility of the couple and payment is made and negotiated directly with them.											
	NCC is available for your rehearsal and wedding. This includes all public-use areas and non-cooking kitchen use.										
_	TOTAL CHARGES: DUE BY*:										
*All fees are due by NO LATER THAN 30 days prior to the wedding. There is a \$35 returned check fee. RENTER AGREES TO FOLLOW THE PROVISIONS WITHIN THE WEDDING POLICY.											
Bride Signature:				Date:							
Groom S	Signature:			Date							
	Bride's Name	Groom's Na	me		Ceremony D	ate					

Payments Received											
Receive	ed By Date	Amount Paid	Check #	Balance Due							
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Mail Security Deposit To:											
Name:											
Address:											
City, State, Zip:											
Oity, Otatio, Lip.											
Wedding Hostess:											
A/V Technician:											
Organist/Musician(s):											
Minister:											
	Premarital	Counseling Appointmen	its	٦							
	Session Number	Date	Time	_							
	First Session (Required)										
	Second Session (Required)										
	Additional										
Outside Minister Information Approval Date:											
Name:											
Church Affiliation:											
Address:											
City, State, Zip:											
Email:		F	Phone:								

Notes: