

# Wedding Fee Management Sheet

## First United Methodist Church—Corry, PA

### INACTIVE or NON-MEMBERS

Bride and Groom: \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Contact Telephone #: \_\_\_\_\_

Contact Address: \_\_\_\_\_

A \$215.00 deposit is required to secure the date for your wedding. Written cancellation must be received at the First United Methodist Church office 30 days prior to the date reserved for a full refund. Cancellation received less than 30 days prior to the wedding will result in forfeiture of deposit. All wedding fees must be paid one month in advance of the wedding.

== Fees that are marked with an \* are required ==

* Sanctuary (Rehearsal and Wedding).....	\$215.00	<u>215.00</u>
One check made payable to "First United Methodist Church"		
* Pastor's Fee.....	\$100.00	<u>100.00</u>
One check made payable to "Jonathan Fehl"		
* Wedding Coordinator.....	\$75.00	<u>75.00</u>
One check made payable to "Amy Hromek"		
* Custodian.....	\$75.00	<u>75.00</u>
One check made payable to "Bonnie Middleton"		
Organist.....	\$100.00	_____
One check made payable to "Pam Millspaw Or Dale Dorman"		
* Sound Room and Technician.....	\$150.00	<u>150.00</u>
One check made payable to "Matthew Kennedy"		
Video of Ceremony.....	\$75.00 each	_____
Check made payable to _____		
Check made payable to _____		
Reception Coordinator .....	\$75.00	_____
One check made payable to "Amy Hromek"		

3 DVD Video Copies of Ceremony .....	\$25.00	_____
Additional DVD Video Copies (each) .....	\$8.00 x _____ =	_____
Live Webcast of Ceremony .....	\$25.00	_____
Web Video Archive of Ceremony (3 months) .....	\$25.00	_____
Candles (14, for candelabras).....	\$15.00	_____
Use of Family Life Center.....	\$350.00	_____
Room for Rehearsal Dinner.....	\$100.00	_____
One check made Payable to "First United Methodist Church"		

TOTAL: \_\_\_\_\_

Updated 01/20

**OFFICE USE ONLY**

Deposit/Use Fee Received:	Date: _____	Amount: _____	Initials: _____
Pastor Fee Received:	Date: _____	Amount: _____	Initials: _____
Wedding Coord. Fee Received:	Date: _____	Amount: _____	Initials: _____
Sound Room Fee Received:	Date: _____	Amount: _____	Initials: _____
Video Room Fee Received:	Date: _____	Amount: _____	Initials: _____
Custodian Fee Received:	Date: _____	Amount: _____	Initials: _____
Organist Fee Received:	Date: _____	Amount: _____	Initials: _____
Reception Coord. Fee Received:	Date: _____	Amount: _____	Initials: _____
Other FUMC Fee Received:	Date: _____	Amount: _____	Initials: _____