

**FIRST BAPTIST CHURCH of PLANO  
WEDDING REQUEST**

**Bride's Name** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**Groom's Name** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**Name of Person Financially Responsible for Wedding** \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Rehearsal**

**Wedding**

Preference: Date \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Alt Choice: Date \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Facility Fees**

\_\_\_\_\_ Worship Center      \_\_\_\_\_ Chapel

**Members\*      \$1,200.00 (includes \$250 non-refundable deposit)**

*\*see Guidelines for Member definition*

**Additional Services**

_____ Organist	\$200.00 includes rehearsal & wedding
_____ Pianist	\$200.00 includes rehearsal & wedding
_____ Soloist	\$200.00 includes rehearsal & wedding (fee per soloist)
_____ Video Technician	\$200.00 includes rehearsal & wedding

**Cancellation Policy**

Should your wedding be canceled for any reason, refund will be made in the following manner, based upon the date that your written cancellation notice is confirmed as received by the Wedding Coordinator.

Within 90 days of wedding date ..... \$250 non-refundable deposit will be retained

Within 60 days of wedding date ..... One half (minus \$250 non-refundable deposit)

Within 30 days of wedding date ..... NO refund will be made

\_\_\_\_\_ (initial) **I understand and agree to abide by the First Baptist Plano Wedding Policy.**

\_\_\_\_\_ (initial) **I understand that refunds are based on the Cancellation Notice as stated above.**

**I am enclosing \$ \_\_\_\_\_ to reserve the above requested facilities and services.**

\_\_\_\_\_  
**Signature of Applicant**

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*For Church Use Only*

**Deposit** \$ \_\_\_\_\_ Date \_\_\_\_\_ Payment Method: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit/Debit \_\_\_\_\_

**Balance Paid** \$ \_\_\_\_\_ Date \_\_\_\_\_ Payment Method: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit/Debit \_\_\_\_\_