



# Wedding Application and Contract

1190 Gold Hill Road | Fort Mill, SC 29708 | 803.548.4078 | [www.come2grace.org](http://www.come2grace.org) | [treasurer@come2grace.org](mailto:treasurer@come2grace.org)

## Wedding Application

Date(s) Requested \_\_\_\_\_

Rehearsal Time \_\_\_\_\_ Wedding Time \_\_\_\_\_

Bride's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Groom's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Responsible Party \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please indicate if you are a:      Member       Non-Member       of Grace Community United Methodist Church

As stated in the attached Wedding Policies, your completed application, contract and Deposit/Reservation fee payment of \$100 reserves your date on the church calendar. Payment should be mailed or given to the Church Treasurer at Grace Community Church. • *Please make checks payable to Grace Community United Methodist Church.*

## Contract

The wedding party, guests and contractors/suppliers are responsible for leaving the buildings, equipment, furnishings and grounds of Grace Community Church in the condition and order in which they were received.

Use of all buildings, equipment, furnishings and grounds of Grace Community Church is at the risk of the wedding party, guests, and contractors/suppliers. The wedding party, guests and contractors/suppliers will exempt and hold Grace Community Church harmless for any loss, damages and injury resulting in the use of its buildings, equipment, furnishings and grounds.

The signature of the responsible party indicates the wedding party's acceptance of financial responsibility for damages to Grace Community United Methodist Church buildings, equipment, furnishings and grounds. Signature of the responsible party indicates the wedding party's understanding of and agreement to comply with the regulations governing the use of the buildings, equipment, furnishings and grounds as stated and implied in the Wedding Policies for Grace Community United Methodist Church. The church reserves the right to cancel any activity deemed inappropriate.

Responsible Party \_\_\_\_\_

Print Full Name \_\_\_\_\_

Address \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Grace Community United Methodist Church

Signature \_\_\_\_\_ Date \_\_\_\_\_