

# CLIFTON PRESBYTERIAN CHURCH

Clerk of Session  
 Worship Committee, elder  
 Wedding coordinators  
 Flower coordinator  
 Organist

## APPLICATION FOR USE OF CHURCH FACILITIES FOR WEDDINGS

member (no Sanctuary fee)  
 non-member (\$750 fee required) \*  
 date paid  
 check number  
 Refundable Security Deposit  
 (\$250 due with application)

(By action of Session 10/06)

FEES (CPC Members do not pay for building use)	SANCTUARY CANCELLATION REFUND POLICY
* Sanctuary \$ 750.00	1) Fourteen days or less before the ceremony -- no refund
* Fellowship Hall for reception \$ 800.00	2) Fifteen to sixty days before the ceremony -- \$375 refund
* Kitchen (for serving ONLY) \$ 250.00	3) Sixty one or more days before the ceremony -- \$750 refund
CPC Music Director \$ 300.00 Services must be booked personally with the music director at: musicdirector@cliftonpc.org	Refundable Security Deposit should be mailed to: Name: _____ Address: _____
CPC Minister \$ 500.00 (Services must be booked personally with the minister, not through the church office.)	

\* Fees for the use of church facilities are required 60 days prior to the wedding

**FOR THE PURPOSE OF:**

Wedding Rehearsal Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Wedding Ceremony Date: \_\_\_\_\_ Time: \_\_\_\_\_

**BRIDE'S NAME:** \_\_\_\_\_ **PHONE:** (H) \_\_\_\_\_ (W) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Ph** \_\_\_\_\_

First Marriage  Divorced  Widowed  Number of Children \_\_\_\_\_

**GROOM'S NAME:** \_\_\_\_\_ **PHONE:** (H) \_\_\_\_\_ (W) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Ph** \_\_\_\_\_

First Marriage  Divorced  Widowed  Number of Children \_\_\_\_\_

**Please check or complete where appropriate:**

I hereby apply for the use of:

Church Sanctuary: number of guests: \_\_\_\_\_  
 (Capacity up to 150 persons)

Fellowship Hall (Capacity up to 150 persons)  
 Kitchen for Reception. Time: \_\_\_\_\_  
*(Catered receptions only)*

Name of the officiating pastor \_\_\_\_\_ Denomination: \_\_\_\_\_

Phone number of officiating pastor: \_\_\_\_\_ Email: \_\_\_\_\_

Name of musician(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of music (please check one):  Organ  Piano  Strings  Harp  Other \_\_\_\_\_

Name of Photographer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Will members of the wedding party dress at the church? **Yes** or **No**

Will any flowers be left for the worship service(s) following the wedding ceremony? **Yes** or **No**

Wedding Rehearsal Dinner: \_\_\_\_\_ Trummer's on Main -or- \_\_\_\_\_ other

Wedding Reception \_\_\_\_\_ Trummer's on Main -or- \_\_\_\_\_ other

**Applicants' Signatures:** \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_