



St. Luke's United Methodist Church—Facility Usage

SPECIAL EVENT NEEDS FORM A

Event Date: _____

Name of Group/Event: _____

Time event begins: _____ time event ends: _____ Approximate # attending _____

GUIDELINES: Groups must let the church office know ASAP if there are any changes/cancellations. Our rooms are used frequently and may not be available at different/unscheduled times. Fees, if any, for facility use are payable to the church office prior to the event.

There is NO SMOKING, VAPING or ALCOHOL permitted on the premises. Video taping is permitted.

SANCTUARY EVENTS/WEDDINGS: The Senior Pastor of St. Luke's UMC must sign off on anyone performing a marriage ceremony. Unity Candles are permitted but not provided. Large candelabras are available for use—dripleless candles must be used but are not provided. If any sound equipment other than organ or piano is required, a sound technician from the church will need to be arranged for and fees paid. Decorations for pews must be clipped on, not taped or stapled. Tacks, pins, nails, screws, etc. are not permitted in walls, floors, or furnishings. If the sanctuary is decorated for the holidays, décor will not be removed for special events.

Please do not bring food/drink into the sanctuary.

FEES: (*DENOTES REQUIRED FEE)

*Sanctuary/Dressing Rooms/Candelabras/Tables & Chairs Usage Fee \$400

*Custodian \$100-\$150 (amount varies according to level of building use) Organist \$200

Pastor's Honorarium Choose an amount at your discretion Sound Technician \$75

Kitchen (full use including dishes, oven, stove, ice maker, refrigerator) \$200 (partial use) \$100

TOTAL FEES DUE: _____ Received? _____

Group approved for meeting space: _____ by: _____

Scheduled on Church Calendar: _____ by: _____

Fees due: _____ Fees received: _____ Date: _____

Additional staff/technical help secured:



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WEDDING FORM B

Event Date/Time: _____

Rehearsal Date/Time: _____

Officiating Minister(s): _____ Phone # _____

Spouse : First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Occupation _____ Church Affiliation _____

Date of Birth _____

Spouse : First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Occupation _____ Church Affiliation _____

Date of Birth _____

Names/Roles of Wedding Party Members: _____

NOTES: Rooms are available for the wedding party to dress at the church. There is **NO SMOKING, VAPING or ALCOHOL** permitted on the premises. Video taping is permitted. Please see Form A for further instructions/guidelines.

Form A Completed? _____ Scheduled Y N By: _____

