

MEMBER WEDDING FEE SHEET

Names _____

Address _____

Phone Numbers _____ (home) _____ (cell)

E-mail _____ Date of Wedding _____

1. Checks should be made out to **Hope Lutheran Church (\$50 required to hold date).**
2. Turn in this sheet with all checks enclosed two (2) weeks prior to your wedding or mail to:
Hope Lutheran Church, 3702 County Rd. AB, McFarland, WI 53558.

(If fees present an undue financial burden, consult Hope's Pastor)

<u>Service Provided</u>	<u>Fee</u>	<u>Total</u>
Church	\$150.00	_____
Pastor	\$150.00	_____
Organist (Wedding Only)	\$150.00	_____
Organist (Wedding & Rehearsal)	\$175.00	_____
Custodian	\$100.00	_____
Media/Technician	\$75.00	_____
Office Administrator (bulletin prep + materials).....	\$25.00	_____
Neemann Hall (for a Reception)	\$150.00	_____
Kitchen Only.....	\$100.00	_____
Additional fees may be required.		
Total Amount		_____
Less Deposit		- \$50.00
Amount Due		_____