



NEW MOUNT OLIVE BAPTIST CHURCH

Wedding Manual Agreement

I hereby declare that I have received and read the New Mount Olive Baptist Church Wedding Handbook and fully understand its content. I agree to comply and be bound by the policies and procedures contained therein. I understand that the Wedding Coordinator will assist in the planning of my wedding so that each requirement is fully met. Furthermore, I understand that the Wedding Coordinator and/or the Director of Counseling & Family Ministries must give approval of my wedding plans before the plans can be considered complete.

BRIDE

DATE

GROOM

DATE

NEW MOUNT OLIVE BAPTIST CHURCH by: _____
Wedding Coordinator

Dir. of Counseling & Family Ministries

NEW MOUNT OLIVE BAPTIST CHURCH

Application for Use of Facility - Wedding Ceremony (Member) / (Non-Member)

Bride's Name

Groom's Name

Bride's Address

Phone _____

Cell _____

Groom's Address

Phone _____

Cell _____

Coordinator _____

Phone _____

Florist _____

Phone _____

Photographer _____

Phone _____

Videographer _____

Phone _____

Wedding Information

Date _____ / _____

Month

Day

Year

Day of Week

Sanctuary/Chapel Time: From _____ - _____

Wedding Start Time: _____:_____ a.m./p.m.

No# of Guests: _____

Rehearsal Information

Date _____ / _____

Month

Day

Year

Day of Week

Time:

From _____ - _____

Special Instructions: _____

NEW MOUNT OLIVE BAPTIST CHURCH

Wedding Fees – (Non~Member)

Sanctuary / Chapel	\$500.00.....	<u>\$500.00</u>
Security Deposit	\$150.00.....	<u>\$150.00</u>
Custodian	\$100.00.....	<u>\$100.00</u>
Security.....	\$100.00.....	<u>\$100.00</u>
Sound Technician (rehearsal & wedding).....	\$100.00.....	<u>\$100.00</u>
Rehearsal Dinner / Reception (4 th floor)	\$500.00.....	_____

Total Due....\$ _____ **by** _____

WE AGREE TO THE ABOVE FEE AND WE UNDERSTAND THAT ALL FEES ARE DUE AT LEAST ONE (1) MONTH BEFORE THE WEDDING. IF FEES ARE NOT PAID IN FULL BY THE ABOVE DATE, THE WEDDING DATE IS PENDING UNTIL THE BALANCE IS PAID IN FULL. FURTHERMORE, WE UNDERSTAND THAT ANY FEES (DAMAGES, MISC...) IN EXCESS OF THE CONTRACT PRICE WILL BE DEDUCTED FROM OUR SECURITY DEPOST.

Bride _____

Groom _____

Date _____

Date _____

NEW MOUNT OLIVE BAPTIST CHURCH by:

Dir. of Counseling & Family Ministries

Dir. of Operations

For Office Use Only

Payments:	Date _____	Amt _____	Balance Due _____
	Date _____	Amt _____	Balance Due _____
	Date _____	Amt _____	Balance Due _____
	Date _____	Amt _____	Balance Due _____

NEW MOUNT OLIVE BAPTIST CHURCH

Wedding Fees – (Member)

Sanctuary / Chapel	\$300.00.....	<u>\$300.00</u>
Security Deposit	\$150.00.....	<u>\$150.00</u>
Custodian	\$100.00.....	<u>\$100.00</u>
Security.....	\$100.00.....	<u>\$100.00</u>
Sound Technician (rehearsal & wedding).....	\$100.00.....	<u>\$100.00</u>
Rehearsal Dinner / Reception (4 th floor)	\$500.00.....	_____

Total Due....\$ _____ by _____

WE AGREE TO THE ABOVE FEE AND WE UNDERSTAND THAT ALL FEES ARE DUE AT LEAST ONE (1) MONTH BEFORE THE WEDDING. IF FEES ARE NOT PAID IN FULL BY THE ABOVE DATE, THE WEDDING DATE IS PENDING UNTIL THE BALANCE IS PAID IN FULL. FURTHERMORE, WE UNDERSTAND THAT ANY FEES (DAMAGES, MISC...) IN EXCESS OF THE CONTRACT PRICE WILL BE DEDUCTED FROM OUR SECURITY DEPOST.

Bride _____

Groom _____

Date _____

Date _____

NEW MOUNT OLIVE BAPTIST CHURCH by:

Dir. of Counseling & Family Ministries

Dir. of Operations

For Office Use Only

Payments:	Date _____	Amt _____	Balance Due _____
	Date _____	Amt _____	Balance Due _____
	Date _____	Amt _____	Balance Due _____
	Date _____	Amt _____	Balance Due _____

NEW MOUNT OLIVE BAPTIST CHURCH

Release and Indemnity Agreement

IN CONSIDERATION of the use of New Mount Olive Baptist Church, leased to the undersigneds, the undersigneds forever release, discharge, and covenant to hold harmless and indemnify New Mount Olive Baptist Church and any other person who is associated with or employed by New Mount Olive Baptist Church, firm, or corporations charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assigns, from any and all personal injury or wrongful death claims, demands, costs, expenses, loss of services, actions, and causes of action, belonging to the undersigneds, their relatives, heirs, successors, assigns, friends, and visitors, or to the undersigneds, arising out of any act or occurrence that may occur during the activity for the _____ or during the event that will occur on the _____ day of _____, 20 ____ and particularly on account of all personal injury, disability, property damages, losses, or damages of any kind sustained or that may hereafter be sustained by the undersigneds, their heirs, relatives, friends, and/or visitors, in consequence of an accident or incident that may arise out of any conduct or actions by anyone before, during, and/or after the activity that will occur on the _____ day of _____, 20 _____.

The undersigneds agree as a further consideration and inducement for this release, hold harmless, and indemnity agreement, that it shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting from said incident, accident, or occurrence that may arise from said event.

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THE UNDERSIGNEDS HAVE READ THE FOREGOING RELEASE AND FULLY UNDERSTAND IT.

Signed, sealed and delivered this _____ day of _____, 20 _____.

Witness _____ L.S.

Witness _____ L.S.

STATE OF FLORIDA)
) SS.:
COUNTY OF BROWARD)

On the _____ day of _____, 20 _____, before me personally appeared _____, to be known to be the person(s) named herein and who executed the foregoing Release and _____ acknowledged to me that _____ voluntarily executed the same.

NOTARY PUBLIC

MY COMMISSION EXPIRES

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