

Trinity Lutheran Church, Vermillion, SD
MEMBER Wedding Fees

WEDDING BOOKLET received: _____(Yes) _____(No)

WEDDING DEPOSIT: Received by _____ Check number _____

- Ⓢ **\$50** – Will be applied to overall fees for the wedding.
- Ⓢ Non-refundable
- Ⓢ Reserves the sanctuary, a pastor, and an organist.

(FEES PAID TWO WEEKS IN ADVANCE) _____ (Yes) _____(No)

- Ⓢ Sanctuary fee: **\$0**
- Ⓢ Organists fee: minimum of **\$150** (the church organist must be contacted about music and who will play for the wedding. (Christy Kimball, 605-670-0238)
- Ⓢ Soloist's fee: **\$50 - \$75** suggested minimum (if one is provided by the church)
- Ⓢ Custodian fee: **\$50**

RECEPTION HERE _____ (Yes) _____(No)

- Ⓢ Contact church for reception details – no alcohol or smoking allowed on premises
- Ⓢ Fellowship hall: **\$150** (includes set up) – accommodates 200 guests; this room is air conditioned and heated.
- Ⓢ Kitchen fee: **\$75** (includes 2 refrigerators; 2 stoves/ovens; 4 roasters; 2 coolers; 1 industrial coffee maker; 2 free-standing coffee makers; dishes; cups; glasses; silverware; serving utensils; pitchers; carafes; punch bowl & cups; dish sanitizer)
- Ⓢ Silver Service: **\$25** _____ (Yes) _____ (No) _____
- Ⓢ Table cloth laundry fee: **\$7 each** _____ (Yes) _____ (No) # _____

CANDELABRAS (2 free-standing, each holds 7 candles) (14 candles total) : **\$28** _____

UNITY CANDLE STAND (holds 2 taper candles) (2 candles total) : **\$4** _____

- Ⓢ Taper candles are \$2 each and must be purchased by the church for use in the candelabras and unity candle stand
- Ⓢ Couple provides their own Unity Candle

WEDDING BANNER _____ (Yes) _____ (No) _____

(The banner – **P** and the words: **the two shall become one** on cream material with a faint floral print background.)

DAMAGE DEPOSIT: \$200 _____ (Yes) _____ (No) Check # _____

The check will be returned contingent on facility being clean, orderly, trash bagged, items returned in same condition and returned to where found.

Extreme damages will incur additional cost.

Fees Total:

Fees Paid by: _____

Check – # _____

Date: _____

Signed _____