

FACILITIES REQUEST FORM

Bride's Name _____ Phone _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Groom's Name _____ Phone _____

FBC Member? — (Bride, Groom, Parents, Siblings, Children) Yes No

REHEARSAL:

(1ST Choice) Date _____ Time _____ Sanctuary Chapel

(2ND Choice) Date _____ Time _____ Sanctuary Chapel

WEDDING:

(1ST Choice) Date _____ Time _____ Sanctuary Chapel

(2ND Choice) Date _____ Time _____ Sanctuary Chapel

RECEPTION:

Warehouse (Additional Fees Apply) Chapel Parlor Other _____

Minister _____ Church _____ If not FBC, Approved by Senior Pastor _____ (Initial)

Director _____ Phone _____

Florist _____ Phone _____

Photographer _____ Phone _____

Office Use Only

Received By _____ Date _____

Identification of Wedding Hostess _____

AGREEMENTS

We understand all policies concerning weddings held at First Baptist Church, Starkville. We agree to follow all policies as stated herein and will ensure that the members of the wedding party understand and also follow all policies.

By our signatures, we understand that failure to comply with any of the stated policies, including payment of fees on time, could be considered "disregard of policy" and could mean forfeiture of the deposit and our wedding date. We also understand that we are liable for any damages (more than the damage deposit for non-members).

As a non-member we are enclosing the initial deposit of \$100.

Signature of Bride

Date

Signature of Groom

Date

Wedding Date

Signature of Wedding hostess

Date

MUSIC SELECTION FORM

Submit to Associate Pastor of Music & Media at least four weeks prior to ceremony.

Rehearsal Date _____ Time _____ Sanctuary Chapel

Wedding Date _____ Time _____ Sanctuary Chapel

Organist _____ Pianist _____

Other Musicians _____

Pre-Service Music _____

Processional Music _____

Recessional Music _____

Other Music, Comments or Explanations _____

The plans outlined above meet the requirements of the Wedding Policies of First Baptist Church.

Yes

No

Signature of Minister of Music

Date

AUDIO VISUAL REQUEST FORM

Submit to Director of IT and Tech Ministires at least four weeks prior to ceremony.

Rehearsal Date _____ Time _____

Sanctuary Chapel

Wedding Date _____ Time _____

Sanctuary Chapel

AUDIO VIDEO REQUESTS:

Pastor Mic(s)

Will you have multiple pastors? Yes No

If yes, how many? _____

Where will they be located? Please be specific. _____

Scripture Reading / Spoken Word Mic(s)

Will you have multiple speakers? Yes No

If yes, how many? _____

Where will they be located? Please be specific. _____

Soloist Mic(s)

Will you have multiple soloists? Yes No

If yes, how many? _____

Where will they be located? Please be specific. _____

Musician Mic/Input(s) (No mics available in Chapel.)

_____ Church Piano

_____ Church Organ

_____ Guitar

_____ Violin

_____ Cello

_____ Flute

_____ Trumpet

_____ Other: Please list instrument(s) _____

Where will they be located? Please be specific. _____

I want the wedding livestreamed.

I want the chiming of the beginning hour done by a handbell.

I will provide music for the ceremony. Music must be provided via Spotify (song & artist) or flash drive.