

brokenarrow

NAZARENE

401 West New Orleans
Broken Arrow, Oklahoma 74011

Voice (918) 455-3550
Fax (918) 451-9227
www.banazarene.org

WEDDING PACKET CHECKLIST

- 1. Wedding Policy (Policy and guidelines on facility usage, fees, etc.)
- 2. Wedding Worksheet (To be filled out with Pastor)
- 3. Activity Request Form
- 4. State of Oklahoma Disclosure of Premarital Counseling Certificate
- 5. Fees Paid

<u>Facility Rental</u>	<u>Amount</u>	<u>Date Paid</u>
Wedding	_____	_____
Reception, Fellowship Hall	_____	_____
Reception, FLC Gym	_____	_____
Rehearsal Dinner, FH	_____	_____
<u>Custodial</u>		
Wedding Only	_____	_____
Wedding/Reception, FH	_____	_____
Wedding/Reception, FLC	_____	_____
<u>Sound & Lighting</u>	_____	_____

To approve your wedding date the Activity Request Form must be completed and submitted to the church office.

Bride/Groom Copy

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Wedding Only	_____	_____
Wedding/Reception, FH	_____	_____
Wedding/Reception, FLC	_____	_____
<u>Sound & Lighting</u>	_____	_____

To approve your wedding date the Activity Request Form must be completed and submitted to the church office.

Office Copy

BROKEN ARROW FIRST CHURCH OF THE NAZARENE	Official Church Policy
Policy Name: Wedding Policy	Policy No: 02.11.03.02
Submitted By: Worship Ministry Team	Board Approval Date: 04/12/05

Overview:

This policy sets forth the guidelines for use of Church facilities for weddings.

Wedding Guidelines:

1. All wedding candidates must meet with a member of our pastoral staff for premarital counseling sessions.
2. Wedding arrangements should be made through the church office as soon as you know you wish to be married, even before you set a date. Entry will be made on the church calendar on a first-come basis. Saturday evening weddings are discouraged.
3. Once your date has been confirmed with the church office, a consultation with the church wedding coordinator will be scheduled. The wedding coordinator will serve as a liaison between the wedding party and the pastor. Fee for the wedding coordinator in Item #5 below applies to members and non-members alike. In cases where smaller weddings are desired, special arrangements may apply.
4. When you wish to use clergy other than, or in addition to one of our pastoral staff, please speak to the Wedding Coordinator who will obtain approval from the Senior Pastor.
5. Outside musicians must be approved by a member of our pastoral staff.
6. All music must approved by the Worship Ministry Team. It is our Church's utmost desire that all music honor the Lord.
7. Facilities:
 - a. Upon departure of the bride and groom, please refrain from using anything (i.e. rice or birdseed) that will require clean up.
 - b. Sanctuary furnishings that are moveable for weddings include the altars, communion table, pulpit, and chairs. Movement of any other items must be approved by a member of our pastoral staff. (See Sound and Lighting policy inn item #4 below.) Set up and tear down in preparation for the wedding is the sole responsibility of the wedding party. All items should be returned to their original position.
 - c. Absolutely no smoking, drinking of alcoholic beverages, or dancing will be allowed in the church buildings. The person scheduling the facilities will be expected to assure that this policy is followed.
8. Flash photographs may not be taken during the ceremony proper.
9. All wedding appointments such as candelabras, runners, kneeling benches, etc. must be appropriated through your florist. The church does not provide any of the above listed items.
10. Floral decorations must be in clean, rust-free, leak-proof containers.
11. Spring-loaded candles and **a protective covering under the candelabras is required.** The florist shall be responsible for providing this carpet covering. A candle wax fee, equal to the cost of having the carpet professionally cleaned, will apply should this precaution not be taken.
12. Arrangements for deliveries of flowers, food, etc. should be made by contacting the church office between the hours of 9:00 A.M. and 5:00 P.M., Monday through Friday.

BROKEN ARROW FIRST CHURCH OF THE NAZARENE	Official Church Policy
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Suggested Gratuities and Other Financial Obligations:

1. There is no cost for facilities use for members and regular attendees of First Church; however, Custodial & Sound fees in items #3 and #4 apply to both members and non-members.
2. Facilities use charges for non-members of First Church:
 - a. Weddings - \$200. This includes use of sanctuary, foyer, two rooms for wedding party, and restrooms.
 - b. Receptions
 - i. Fellowship Hall - \$60. This includes the use of the small kitchen and restrooms.
 - ii. Family Life Center - \$100. This includes the use of gym, large kitchen and restrooms.
 - c. Rehearsal Dinners – Fellowship Hall - \$60.
3. Custodial fees will apply to members and non-members alike
 - a. Wedding only, reception off site - \$50.
 - b. Wedding with reception in Fellowship Hall - \$75.
 - c. Wedding with reception in Family Life Center - \$100.
4. Sound & Lighting fee - \$50. This will include a sound person who will set up sound equipment and lights for your wedding. This person is responsible for any moving and reset of musical instruments and sound equipment. Audio recording of your service is by request only and does not bear a fee. Please consult the sound person. Sound equipment is not available for use during receptions.
5. Wedding Coordinator Fee - \$50.
6. Suggested Honorariums:

Minister	\$75
Accompanist	\$50
Soloist	\$35

*These are minimum amounts. It is your responsibility to give honorariums directly to the individuals who provide their services.

Be sure to send an invitation to the church office to verify the date/time. It is your responsibility to tell the office personnel if this is to be made public to the congregation; however, we recommend you continue to send announcements to specific congregation members you wish to invite.

Should there be additional questions feel free to call 455-3550 or stop by the church office.

CHURCH WEDDING RECORD

(To be kept on file)

Bride's Name _____ Age _____
(first) (middle) (last)

Date of Birth _____ Place of Birth _____

Present Address _____
(street) (city) (state) (zip) (County)

Phone _____ E-mail _____ Occupation _____

Groom's Name _____ Age _____

Date of Birth _____ Place of Birth _____

Present Address _____
(street) (city) (state) (zip) (County)

Phone _____ E-mail _____ Occupation _____

REHEARSAL

Date _____ Time _____

Rehearsal dinner at First Church? Yes _____ No _____

WEDDING

Date _____ Time _____

Music Selections: 1. _____
2. _____
3. _____

Church Organist needed? Yes _____ No _____

Cassette Tape Recording? Yes _____ No _____

Reception at First Church? Yes _____ No _____

If yes, where? Fellowship Hall _____ Family Life Center _____

FEES

Facility Rental

Wedding \$ _____

Reception

Fellowship Hall \$ _____

Family Life Center \$ _____

Rehearsal Dinner

Fellowship Hall \$ _____

Custodial Fees (applies to all)

Wedding Only \$ _____

Wedding w/Reception in Fellowship Hall \$ _____

Wedding w/Reception in Family Life Center \$ _____

Sound & Lighting \$ _____

Wedding Coordinator \$ _____

Total \$ _____

* All church fees payable 2 weeks prior to wedding date.

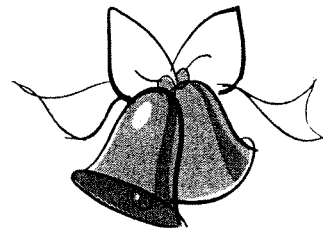
Signed: _____
(Bride)

Signed: _____
(Groom)



Wedding Worksheet

Broken Arrow Church of the Nazarene
 401 W. New Orleans, Broken Arrow, OK 74011
 918-455-3550



Bride _____ Groom _____

Date of Wedding _____

Time of Wedding _____

Location _____

Other participating Clergy _____

Rehearsal Date _____ Time _____

Rehearsal Dinner Time _____ Location _____

Pastor's Responsibilities _____

Reception Time _____ Location _____

Pastor's Responsibilities _____

Elements to be included in ceremony

_____ 1 or 2 rings _____ Communion

_____ Candle Ceremony _____ Other _____

Music

Musicians _____

Organist/Pianist/other _____

Soloist _____

Songs prior to ceremony 1. _____

2. _____

3. _____

Songs during ceremony 1. _____

2. _____

3. _____

Bride's Party

Maid/Matron of honor _____

Bridesmaids _____

Groom's Party

Best Man _____

Groomsmen _____

Flowergirl _____

Ring Bearer _____

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Activity Request Form

Use this form to request a calendar date and/or use of the facility. Date/usage will be confirmed only after this form has been completed, returned to the church office, and signed by an authorized church representative. No event will appear on the official church calendar until it has been approved as outlined above.

Name of Person/Group making request: _____

Activity:	Location of activity if other than church:
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Contact Person:	Work Phone:	Home Phone:
Address: _____	Zip: _____	
E-mail address: _____		

Date:	Day of Week:	Start Time:	End Time:
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Is this activity One time Weekly Monthly Other

Please specify additional dates: _____

Signature of person making request: _____	Date of request: _____
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Area(s) Requested: Sanctuary <input type="checkbox"/> Foyer <input type="checkbox"/> FLC Gym <input type="checkbox"/> Kitchen <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Teen Room <input type="checkbox"/> Class Room # <input type="checkbox"/> Kidz Place <input type="checkbox"/> Eastside Field <input type="checkbox"/> Westside Field <input type="checkbox"/> Other : _____	Equipment Requested: <i>State quantity & type</i> *Chairs _____ *Tables (round/rectangle) _____ * Will you need use of a sound system? Yes <input type="checkbox"/> No <input type="checkbox"/>
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For Office Use Only: Approved Disapproved Date: _____

Comments: _____

Signature of Church Representative: _____

Date copy of form returned to contact person: _____

IN THE DISTRICT COURT OF _____ COUNTY
STATE OF OKLAHOMA

Disclosure of Premarital Counseling

ML - _____ - _____

We hereby attest that _____, a resident of _____
(Full Name of Bride) (Street Address)

_____ and _____, a resident of _____
(City, State, and Zip Code) (Full Name of Groom)

_____ attended a premarital
(Street Address) (City, State, and Zip Code)

counseling program conducted by _____. The program was
_____ hour(s) in length.

(A minimum of four (4) hours of marriage education curriculum is required).

The training must be conducted by a health professional, an official representative of a religious institution or a person trained by the principal authors or duly authorized agents of the principal authors of nationally recognized marriage education curriculum including, but not limited to, Prevention & Relationship Enhancement Program (PREP).

The certificate of completion of this program must be attached or the person conducting the counseling must sign the document below.

(Signature of Bride)

(Signature of Groom)

I hereby attest that I performed the counseling described above.

(Signature of Counselor)

Dated this _____ day of _____, 20____.