

SAINT JUDE COUNSELING MINISTRIES, INC.

WEDDING AGREEMENT AND INFORMATION FORM

(Rev 2/2018)

LOCATION OF CEREMONY:	TOTAL CEREMONY FEE:
COORDINATOR/ PHONE NUMBER AND EMAIL:	WEDDING DATE AND START TIME
SPOUSE#1 EMAIL ADDRESS:	
NAME - FIRST (GIVEN)	MIDDLE CURRENT LAST (FAMILY)
DATE OF BIRTH - Month, Day, Year	LAST NAME (AT BIRTH) IF DIFFERENT
STATE (OR COUNTRY) OF BIRTH	RELIGIOUS PREFERENCE
RESIDENCE - STREET AND NUMBER	CITY STATE AND ZIP
TELEPHONE (RESIDENCE)	TELEPHONE (CELL/OTHER)
SPOUSE#2 EMAIL ADDRESS:	
NAME - FIRST (GIVEN)	MIDDLE LAST (FAMILY)
DATE OF BIRTH - Month, Day, Year	LAST NAME (AT BIRTH) IF DIFFERANT
STATE (OR COUNTRY) OF BIRTH	RELIGIOUS PREFERENCE
RESIDENCE - STREET AND NUMBER	CITY STATE AND ZIP
TELEPHONE (RESIDENCE)	TELEPHONE (CELL/OTHER)

APPROXIMATE NUMBER OF GUESTS ATTENDING THE CEREMONY: _____

TYPE OF SERVICE PREFERRED: _____

(Christian, Non-Denominational, Interfaith, Civil, Other)

TERMS OF AGREEMENT

By sending a deposit to reserve Saint Jude Counseling Ministries, Inc. for my ceremony date, I (We) agree to the following terms:

1. **Once the deposit and agreement is accepted, Saint Jude Counseling Ministries will reserve the ceremony on their calendar, and agree to officiate at the ceremony on the date and time as outlined in the agreement. I agree to forfeit the deposit if we do not use Saint Jude Counseling Ministries due to any changes that I make in the schedule, due to cancellation of the wedding, or if I decide to have another Officiant. If the couple makes a change in the wedding schedule, Saint Jude Counseling Ministries will do their best to accommodate the new date and/or time. If scheduling does not permit this, Saint Jude Counseling Ministries reserves the right to keep the deposit. In all cases of scheduling conflicts, Saint Jude Counseling Ministries will make all reasonable attempts to assist in obtaining another Officiant.**
 2. **Agree to pay the remaining balance, if any, 14 days prior to the scheduled ceremony date. Credit card payments may be made directly at the Saint Jude Counseling Ministries' website, by check, or by an electronic invoice.**
 3. **To pay for any ceremony site entrance fees, and any parking fees for the Officiant's vehicle.**
 4. **As required by law, a valid Florida marriage license must be presented to the Officiant prior to the start of the ceremony. A marriage ceremony may not be performed without a valid license unless the couple is already legally married and have provided a copy of the marriage license.**
 5. **Agree that the wedding will start within 30 minutes of the agreed upon start time. If the wedding does not start on time, I /we agree to pay an overtime rate of \$200 per half-hour or any portion thereof, commencing after the 30-minute grace period. The Officiant reserves the right to leave without performing the ceremony after reasonable attempts to start on time have been exhausted and, in this case, Saint Jude Counseling Ministries reserves the right to retain all fees paid.**
 6. **Assigned Officiant does not attend the rehearsal unless specific arrangements are made in advance and any additional fees are paid in advance.**
 7. **In case of an emergency or Officiant's illness on the day of the wedding, Saint Jude Counseling Ministries will not be held liable for any expenses, other than total fees paid to for officiating, due to non-performance of the wedding. The return of all fees will constitute acceptance of the fees as liquidated damages.**
 8. **If the assigned Officiant becomes unavailable to perform the ceremony due to an emergency or illness, a replacement will be recommended or assigned to perform the ceremony with or without notifying the couple. The couple will not be charged any additional fees above the contracted amount. All fees will be returned if there is no replacement available.**
- **Other requirements or special accommodations:** _____

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other ___

Account number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Circle as applicable: *DEPOSIT 50% REHEARSAL FEE FINAL PAYMENT* OTHER

*Final payments will be charged within 14 days of the ceremony date unless other payment arrangements are made in advance.

Amounts to be Charged: \$ _____ \$ _____

By signing this form, you authorize Saint Jude Counseling Ministries to charge your card for the amount listed above.

PLEASE RETURN COMPLETED AND SIGNED FORMS TO: SAINT JUDE COUNSELING MINISTRIES, INC.
18459 PINES BOULEVARD, #281
PEMBROKE PINES, FLORIDA 33029
FAX: 1-888-990-0918

I/WE AGREE TO THE TERMS OF THIS AGREEMENT AND ACKNOWLEDGE ITS CONTENTS IN ITS ENTIRETY.

SIGNATURE OF SPOUSE#1

DATE

SIGNATURE OF SPOUSE#2

DATE

REV MICHAEL J CALDERIN, MA, CAP, CMHP
CHIEF EXECUTIVE OFFICER
SAINT JUDE COUNSELING MINISTRIES, INC.

DATE