

Siasconset Union Chapel
P.O. Box 400, 18 New Street
Siasconset, MA 02564

Wedding Agreement Form

The Undersigned represent that they have read and understand the information presented on our website pertaining to WEDDINGS at the SIASCONSET UNION CHAPEL. They have selected the Chapel for their wedding ceremony, and agree to comply with our stated and implied policies and practices.

It is the responsibility of the undersigned to inform all vendors affiliated with their wedding (florists, photographers, videographers, musicians), family members and guests that they are bound by these policies and practices.

Traditional wedding days are Saturdays, and only one wedding may be scheduled that day. Protestant weddings are typically held at 4:00, while Catholic Weddings are scheduled at 4:30. Rehearsals for the wedding are generally scheduled 24 hours before the planned ceremony. Other options may be discussed with the Chapel Reservationist and Minister/Pastor in Charge.

In signing below, you agree to the wedding fees shown on the Chapel website (sconsetchapel.org/weddings), and provide full payment of the fee for the service and preparation for marriage, and the optional fee for a digital recording of the ceremony (\$300). Additional fees for Music at the ceremony vary by wedding, and should be discussed with the provider(s) who will bill separately.

Please provide names and contact information below so that those helping you will be able to ensure your ceremony is organized according to your wishes and our policies and practices.

Wedding Date: _____ **Time:** _____

Protestant Wedding _____ Catholic Wedding _____

Spouse 1's Full Name: _____

Spouse 1's customary call name (nickname): _____

Email address: _____

Cell phone: _____

Other contact (optional): _____

Mailing Address: _____

Spouse 2's Full Name: _____

Spouse 2's customary call name (nickname): _____

Email address: _____

Cell phone: _____

Other contact (optional): _____

Mailing Address: _____

Wedding Host(s)' Full Name(s): _____

Host(s)'s customary call name (nickname): _____

Email address: _____

Cell phone: _____

Other contact (optional): _____

Mailing Address: _____

Please note the affiliation/residency/connection that establishes your eligibility to reserve the Chapel for a wedding.

And, finally and most importantly,

Spouse 1 Signature _____

Spouse 2 Signature _____

Date of signature, fee payment, wedding booking _____

Please send/scan an emailed signed copy of the form to Mary Will, Chapel Reservationist at marywill@comcast.net. Mail signed original agreement and payment to Siasconset Union Chapel, PO BOX 400, Siasconset, MA 02564