

**Please Return Completed Application to be Submitted for Approval:*

**Union Baptist Church
2900 Highway 106 South
Hull, GA 30646
(706) 789-2378**

Union Baptist Church Building(s) Wedding Reservation Application

Applicant Information

Today's Date: _____ Wedding Date and Time: _____

Applicant/Responsible Person: _____ Union Baptist Church Member: (YES) (NO)

Applicant/Responsible Person Address:

Telephone #: Primary: _____ Secondary: _____

Please CIRCLE desired buildings requested:

1) Sanctuary 2) Old Fellowship Hall 3) New Fellowship Hall 4) Gymnasium

Reservation Information

Type of Activity: _____

Sponsor/Organization: _____

Date Needed: _____ Approx # of people expected: _____

Total Hours Needed: _____ Start Time: _____ End Time: _____

Equipment needed, explain usage:

If a kitchen is needed, explain usage:

Please draw a diagram of your desired setup (if needed) and attach to this application.

Applicant has received, read & understands Union Baptist Church "Policies and Guidelines for Property Use" for use of requested building(s):

(YES) (NO) Signature _____ Date: _____

Deposit Included: (YES) (NO) Deposit Amount: _____

*** Damage/Cleaning Deposit will be refunded if event is not approved and/or cancelled and/or there is no damage to UBC property. Damage/Cleaning Deposit will not be deposited unless there is damage to UBC property and/or UBC facilities are left unclean.**

OFFICE USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE

Approved by Property & Grounds member: _____ Date Approved: _____

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Union Baptist Church Building(s) Wedding Reservation Application cont.

Bride and Groom Contact Information:

Bride's Name: _____

Bride's Address: _____

Bride's Phone: (Home) _____ (Work) _____ (Cell) _____

Groom's Name: _____

Groom's Address: _____

Groom's Phone: (Home) _____ (Work) _____ (Cell) _____

Details:

Wedding Date: _____ Time Start: _____ Time Finish: _____

Please **CIRCLE** the location of the Wedding:

1. Sanctuary 2. Gymnasium 3. Fellowship Hall 4. New Fellowship Hall

Rehearsal Date: _____ Time Start: _____ Time Finish: _____

Please **CIRCLE** the location of the Rehearsal:

1. Sanctuary 2. Gymnasium 3. Fellowship Hall 4. New Fellowship Hall

Rehearsal Dinner Date: _____ Time Start: _____ Time Finish: _____

Please **CIRCLE** the location of the Rehearsal Dinner:

1. NOT at UBC 2. Gymnasium 3. Fellowship Hall 4. New Fellowship Hall

Catering Service: _____ Phone: _____

Please **CIRCLE** the location of the Reception Dinner:

1. NOT at UBC 2. Gymnasium 3. Fellowship Hall 4. New Fellowship Hall

Catering Service: _____ Phone: _____

Personnel:

Minister Performing Wedding Ceremony: _____ Phone: _____

Director of the Wedding: _____ Phone: _____

Pianist: _____ Organist: _____ Soloist: _____ Musician(s) _____

Will UBC be providing a Sound Technician: (YES) (NO) *Sound Technician: _____

*If NO is circled, UBC must train and approve provided sound technician prior to wedding rehearsal at UBC's convenience. Please contact UBC (706) 789-2378 to set up an appointment. If UBC provides the sound technician, an hourly charge for their services may apply. All music must be approved by the Minister of Music prior to the day of the wedding.