

Jeffrey R. Petersen
Wedding Day Officiant
 15165 Quigley Rd.
 Sycamore, IL 60178
 www.weddingdayofficiant.com
 Jeff@weddingdayofficiant.com
815-970-1570

OFFICIANT RESERVATION

This Contract is between _____ (name of person responsible for payment, hereafter referred to as "Payor") and Jeffrey R. Petersen.

Payor: Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 Email: _____ Relationship to Bride & Groom: _____

Date of Event: _____ Time: _____ AM PM

Location: Street: _____

City: _____ County: _____ Zip _____

Premises Name: _____

Premises Contact Name: _____ Telephone: _____

Bride Same as Payor **or** Name: _____
 Address _____
 Cell Phone: _____ Email: _____

Groom Same as Payor **or** Name: _____
 Address _____
 Cell Phone: _____ Email: _____

How did you find Wedding Day Officiant: _____

# of Guests		Bride's Family	<input type="checkbox"/> Mother: (name)
# Bridesmaids			<input type="checkbox"/> Father: (name)
Flower Girl			<input type="checkbox"/> _____ (name)
# Ushers		Groom's Family	<input type="checkbox"/> Mother: (name)
# Groomsmen			<input type="checkbox"/> Father: (name)
Ring Bearer			<input type="checkbox"/> _____ (name)

Circle Ceremony Package: Premium \$450 Classic \$375 Short and Sweet \$300 Rehearsal \$125

Note: Because of distances, there may be a Ceremony Package minimum and or travel fee.

Ceremony Fee	\$ _____
Rehearsal Fee	\$ _____
TOTAL FEE	\$ _____
Date Deposit paid:	Amount paid: \$ _____
Date Balance due:	Amount due: \$ _____

Please make payments to Jeffrey Petersen. Payor's Deposit reserves the date and time and is nonrefundable. The Deposit will be applied in full toward the total fee as stated above. If I am not available for the rehearsal or wedding ceremony, I reserve the right to substitute another officiant in my place. Payor must pay the balance of the contract on or before 30 days before the event. All payments received are nonrefundable. We are not responsible for accident or theft. By executing my service contract with me, you agree that this is the full extent of any compensation that I owe to you.

Payor agrees to abide by the terms listed above, and pay the amount listed by the date listed.

Signed: _____ Date: _____

Signed: _____ Date: _____