

Jeffrey R. Petersen
Wedding Day Officiant
 15165 Quigley Rd.
 Sycamore, IL 60178
 www.weddingdayofficiant.com
 ILweddingdayofficiant@gmail.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: _____

Circle Ceremony Package: Premium \$450 Classic \$375 Short and Sweet \$300 Rehearsal \$200

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

# of Guests		Bride's Family	<input type="checkbox"/> Mother: (name)
# Bridesmaids			<input type="checkbox"/> Father: (name)
FlowerGirl			<input type="checkbox"/> (name)
#Ushers		Groom's Family	<input type="checkbox"/> Mother: (name)
# Groomsmen			<input type="checkbox"/> Father: (name)
Ringbear			<input type="checkbox"/> (name)

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 person 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: _____