



THE BLVD

Mississippi Boulevard Christian Church
(Disciples of Christ)



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Included in this packet are the Wedding Reservation documents and forms needed to secure Mississippi Boulevard Christian Church as your wedding venue.

Please review all policies and guidelines carefully!

Complete each page in it's entirety. Also sign all documents within this packet as requested (electronic signature will suffice) and return to the address provided below. Some documents will go to different departments that's why it is imperative that each document is complete.

Failure to successfully complete your packet can delay the confirmation of your reservation and/or affect the successful execution of your wedding.

Please be advised that your date is not guaranteed secure until deposit is made, or a confirmation is received from the Event's Staff.

Return to:

Mississippi Boulevard Christian Church

70 N. Bellevue

Memphis, Tennessee 38104

Or

Email to:

Events@theblvd.org

Fax To: 901-725-1961

For Additional Questions Call:

901-272-5627



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(Please Print Failure to Do So May Result In a Delay of Successful Reservation)

BRIDE: _____

ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP

PHONE (HOME): _____ PHONE (WORK) _____

GROOM: _____

ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP

PHONE (HOME): _____ PHONE (WORK): _____

ARE EITHER BRIDE OR GROOM MEMBERS OF MBCC (SPECIFY)? BRIDE GROOM PARENTS

THIS RESERVATION REQUEST IS FOR: (CHECK ALL THAT APPLY): **NO. EXPECTED GUEST:** _____

WEDDING RECEPTION REHEARSAL DINNER

YOUR REQUESTED DATES:

DATE OF WEDDING: _____ TIME: _____ AM/ PM

DATE OF REHEARSAL: _____ TIME: _____ AM/ PM

REQUESTED SET-UP DATE: _____ TIME: _____ AM/ PM

TO RESERVE FOR REHEARSAL DINNER, WEDDING AND/OR RECEPTION (PLEASE SPECIFY DATE & TIME):

REQUESTED DATE: _____ TIME: _____ AM/ PM

CHAPEL: _____ FELLOWSHIP HALL: _____

PRAYER GARDEN: _____ OTHER(CLASSROOM, ETC.): _____

WHICH PASTOR ARE YOU REQUESTING TO PERFORM CEREMONY: _____

PRE-MARITAL COUPLES COUNSELING START DATE(S): _____

NUMBER IN BRIDAL PARTY: BRIDESMAIDS _____ GROOMSMEN _____

TIME BRIDAL PARTY TO ARRIVE ON WEDDING DATE: _____: _____ WEDDING COLORS: _____

IS STORAGE NEEDED FOR ANY ITEMS PRIOR TO THE EVENT: YES NO FOR HOW LONG: _____

IS THE DRESSES BEING DELIVERED? YES NO

IF YES, WHAT TIME WILL THE DRESS ARRIVE?: _____ AM/ PM DELIVERED BY: _____



COUNSELING DATE WITH PASTOR: _____

IF YOU HAVE NOT MADE YOUR APPOINTMENTS AND NEED ASSISTANCE WITH THAT, PLEASE LIST SOME AVAILABLE DATES/DAYS OF WEEKS BELOW:

MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	
1 ST CHOICE				
2 ND CHOICE				

COUNSELING DATE WITH MINISTER OF MUSIC: _____

IF YOU HAVE NOT MADE YOUR APPOINTMENTS AND NEED ASSISTANCE WITH THAT, PLEASE LIST SOME AVAILABLE DATES/DAYS OF WEEKS:

MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	
1 ST CHOICE				
2 ND CHOICE				

CONSULTATION DATE WITH IN-HOUSE CATERER: _____

IF YOU ARE PLANNING TO UTILIZE MBCC IN-HOUSE CATERER AND HAVE NOT MADE AN APPOINTMENT, AND NEED ASSISTANCE WITH THAT, PLEASE LIST SOME AVAILABLE DATES/DAYS OF THE WEEK:

MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	
1 ST CHOICE				
2 ND CHOICE				

FOR OFFICE USE ONLY

DATE RECEIVED: _____ DATE SCHEDULED: _____

DATE WEDDING FORMS MAILED TO COUPLE: _____

DATE WEDDING FORMS RETURNED TO MBCC: _____

FACILITY REQUEST FORM PREPARED: _____

FOLLOW-UP DATES AND INFORMATION: _____



Photographer/Videographer Agreement:

No Picture Taking is permitted in the Sanctuary or Chapel once the ceremony has begun, due to the sacredness of the ceremony. Pictures may be taken of Bridal Party and Bride entering the Sanctuary or Chapel. Once the Bride is in front of the altar, all picture taking must cease. However, a video may be taken of the wedding in its entirety, but the camera must remain stationary. Absolutely **NO MOVEMENT** is permitted during the ceremony. In view of no picture taking during the marriage ceremony, parts of the ceremony may be recreated for pictures immediately following.

I/We agree to comply with the rules and regulations of the Mississippi Boulevard Christian Church of Memphis, Tennessee, regarding Photography/Videotaping for weddings.

PHOTOGRAPHER: _____ TELEPHONE#: _____

ADDRESS: _____

Street Address

City

State

ZIP

Have you communicated this policy to your photographer? YES / NO

WEDDING DATE: _____ ARRIVAL TIME: _____ AM/ PM

I certify that I have read and understand the policy.

BRIDE: _____ TELEPHONE: _____

Bride's Signature

Date

AND/OR

GROOM: _____ TELEPHONE: _____

Groom's Signature

Date



Florist/Decorator Agreement

All greenery or flowers (i.e. fresh florals) must be treated by a commercial florist to prevent the introduction of insects or pests into the Facility. Special attention should be given to holiday floral displays, which often incorporate plant material gathered from wooded areas, rather than traditional floral supply houses. Florist delivery arrangements must be made with the Church's Events Administrator.

FLORIST NAME _____ TELEPHONE _____

DECORATOR NAME: _____ TELEPHONE _____

We also understand that the facility will be available four (4) hours prior the ceremony for decorating. Additional time required/requested is only available by booking additional time for an additional fee.

(No exceptions will be made.)

Have you communicated this policy to your Florist and / or Decorator? YES / NO

BRIDE: _____ TELEPHONE _____

Signature

AND/OR

GROOM: _____ TELEPHONE _____

Signature

Date and time Decorator/Florist will arrive:

Date: _____ Time: _____ AM/ PM



WEDDING POLICY AGREEMENT

I/We accept the following policy agreement:

DAMAGE DEPOSIT

An additional \$250.00 refundable damage deposit may be required. If requested, a separate check in the amount of \$250.00 will be held by the Office of Events until after the wedding at which time the facilities will be inspected. The check will be returned if no damages have been incurred.

RENTAL FEE DEPOSITS (Required to hold date)

A \$250.00 deposit which is applied your total account balance for the full wedding package (i.e., Chapel/Sanctuary/Reception/Media, etc.) must be paid in order to confirm your reservation. This is done at the time of initial consult, walk-through, etc. to hold the date and the space requested. Any deposit received less than 45 days prior to the Wedding Rehearsal date may result in the cancellation of your event.

The **Balance, minus your initial deposit of \$250.00**, can be paid in 3—6 installments – final installment must be paid 14 days prior to the wedding rehearsal date.

REFUNDS:

Refunds shall be made to those who cancel at least (30) days in advance of the wedding rehearsal date. Please refer to our cancellation policy in the Event Policy Guide.

We have thoroughly read and completely understand and shall adhere to the provisions (i.e., facility usage, Reservations, Pre-Marital Counseling, Wedding Music, Photography Rules/Regulations, Floral/ Decorations Rules and Regulations, Information and Fees) set forth by Mississippi Boulevard Christian Church.

Bride: _____

Signature

DATE: _____

AND/OR

Groom: _____

Signature

DATE: _____

We thank you for your interest in our services. If you should decide to secure the venue, please contact the Mississippi Boulevard Christian Church Office of Events at (901) 729-6222, extension 320 between the hours of 9:00 A.M. and 5:00 P.M. Monday through Friday, or detach and return the attached forms to the following address: Mississippi Boulevard Christian Church Wedding Ministry, 70 North Bellevue, Memphis, TN 38104.



OFFICE OF EVENTS/HOLD HARMLESS

Catering Reservation & Menu Request Form

Date of Function: _____ Group /Event Name: _____

Nature / Type of Event/Occasion _____

1st Contact Person: _____

Contact Phone Number (s): Hm _____ Wk _____ Cell/Pgr _____

2nd Contact Person: _____

Contact Phone Number(s): Hm _____ Wk _____ Cell/Pgr _____

Set-Up Time: _____ AM/ PM Event Start Time: _____ AM/ PM

Event End Time: _____ AM/ PM Food Served @: _____ AM/ PM

Breakdown Time: _____ AM/ PM

Type of Event (Select One)

Formal Semi-Formal Casual Other - Specify: _____

Number of Meals/ Qty Preparing for: _____ Anticipated Budget: _____

This is an AGREEMENT, RELEASE and WAIVER of LIABILITY (hereinafter referred to as “Release”) between Mississippi Boulevard Christian Church and the _____, also referred to as the client in this agreement, for the event outlined above. With all parties understanding that it is impossible for Mississippi Boulevard Christian Church to guarantee an allergen-free environment for all event attendee’s. It is incumbent upon the **Client** to be aware of and assume responsibility for their guest and promptly notify our catering staff of any conditions that may compromise the safety of any individual’s health. For this reason, any food prepared by our kitchen and or staff cannot be carried off the facility by attending guest without special written permission.

Please Select: Breakfast Lunch Dinner Option # _____

Anyone with specific allergies that you are aware of Yes No

What type of meal requested? Buffet Platted **Consultation Occurred On :** _____

PLANNING A MENU @ THE BLVD

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
<p>Option One \$5.95/person</p> <p>“Wellness Breakfast”</p> <p>Assorted Fresh Fruit (In Season)</p> <p>Bran Muffins or Choice of Low Fat Muffins</p> <p>Assorted Yogurt</p> <p>Granola Bars</p> <p>Chilled Assorted Juices</p>	<p>Option One \$8.95/person</p> <p>“Pasta Deluxe Salad”</p> <p>Pasta Salad & Grilled Chicken on Bed of Lettuce</p> <p>Bread Sticks</p> <p>Lite Dessert</p> <p>Tea/Water</p>	<p>Option One \$9.95/person</p> <p>“Italian Dinner”</p> <p>Garden Lasagna</p> <p>Spring Mix Salad</p> <p>Bread Sticks</p> <p>Beverage/Water</p>
<p>Option Two \$5.00/person</p> <p>“Cereal Eye Opener”</p> <p>Assorted Fresh Fruit (In Season)</p> <p>Assorted Cereal</p> <p>Milk</p> <p>Granola Bars</p> <p>Chilled Assorted Juices</p> <p>Coffee</p>	<p>Option Two \$9.00/person</p> <p>“Gourmet Salad”</p> <p>Chicken or Tuna Salad</p> <p>Tropical Salad</p> <p>Croissant</p> <p>Tea / Water</p>	<p>Option Two \$5.95/person</p> <p>Spaghetti w/Meat Sauce or Marinara</p> <p>Garden Spring Mix Salad</p> <p>Bread Sticks</p> <p>Beverage/ Water</p>
<p>Option Three \$ 4.95/person</p> <p>“Breakfast Sandwich”</p> <p>Choice of Sausage, Ham or Bacon Biscuit</p> <p>Assorted Fresh Fruit</p> <p>Chilled Assorted Juices</p>	<p>Option Three \$8.25/person</p> <p>“Burger Bar”</p> <p>Choice of Beef, Turkey or Garden Burger</p> <p>Chips</p> <p>Cookie</p> <p>Beverage</p>	<p>Option Three \$9.00/person</p> <p>“Grilled Chicken Dinner”</p> <p>Mesquite Chicken Breast</p> <p>Choice of Starch</p> <p>Choice of Vegetable</p> <p>Roll</p> <p>Dessert</p> <p>Beverage</p>
<p>Option Four \$7.95/person</p> <p>“Southern Style”</p> <p>Choice of Turkey Bacon or Sausage Links/Patties</p> <p>Scrambled Eggs</p> <p>Creamy Grits</p> <p>Biscuit or Whole Grain Toast</p> <p>Chilled Assorted Juice</p> <p>Coffee</p>		



Outside Catering Agreement

All caterers, outside food and drinks menus must be approved in advanced by the Lessee. The Church's kitchen facilities are described in the separate *Caterers Use and Care Policy*, a copy of which will be provided to the Client. Please note, that The BLVD will not provide staff to assist to load in, or set-up for outside vendors.

CATERER'S NAME _____ TELEPHONE _____

COMPANY NAME: _____ TELEPHONE _____

We have identified who will be catering our event and have provided the caterer with a copy of are Caterer's Use and Care Policy.

Have you communicated this policy to your caterer? YES / NO

The BLVD on staff Chef may contact the caterer with questions. YES / NO

BRIDE: _____ TELEPHONE _____

Signature

AND/OR

GROOM: _____ TELEPHONE _____

Signature

Date and time Caterer will arrive and set-up the food:

Date: _____ Time: _____ AM/ PM



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In Case Of Emergency

In the event of medical emergency or unforeseen circumstance who should we contact.

Emergency Contact Person: _____

Emergency Contact Phone Number: _____ (HM) _____ (CELL)

Emergency Contact Person: _____

Emergency Contact Phone Number: _____ (HM) _____ (CELL)

Notate Any Special Information or Additional Notes: (such as “Bride carries epipen.”)

Brides / Grooms Names: _____



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Use this form to provide information regarding the Officiant of your wedding if this person is not a Pastor for THE BLVD. Please note that all officiants that perform ceremony services must be licensed and ordained. Our administrative staff will verify the information provided.

Bride and / or Groom's Name: _____

Best Phone Number to Call for Consultation: _____

Pastor or Officiants Name: _____

Pastor or Officiant Contact Number: _____

Denomination/Affiliation: _____

Name of Church Affiliation: _____

Church Address: _____

Church Phone Number: _____

Date of Valid Licensing: _____

.....
Consultation Conducted By : _____

Approval: _____

Date: _____

Notes:



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Use this form to plan your music selections for your wedding and reception.

This planning document will help to ensure consultation with the Minister of Music is productive and successful and meets your event needs as well as the guidelines for Mississippi Boulevard Christian Church.

Are you requesting a musician to play live music? **Yes** **No** Please note, there is an additional fee assessed when using MBCC Musicians.

Are you providing your own musician? **Yes** **No**

Couples List of Songs to Approve

Provide the name of the song and who it is by. Will the following songs be played **Live** **Track**

<u>Y/N</u>	Wedding Ceremony	<u>Y/N</u>	Reception

Bride and / or Groom's Name: _____

Best Phone Number to Call for Consultation: _____

Reviewed and Approved By Minister of Music : _____ on _____

Consultation Occurred On : _____



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WEDDING ACCOUNT

The form will be completed by the on staff Event Coordinator or MBCC Facility Manager.
Fees are determined based upon you needs and total resources requested.

COUPLE: _____

Wedding Date: _____ Time: _____

WEDDING FEES ITEMIZED

Sanctuary _____	Fellowship Hall _____
Chapel _____	Rehearsal Fee (s) _____
Reception _____	Rehearsal Dinner _____
Minister's Honorarium _____	Musician's Honorarium _____
Coordinator _____	Other _____

Total Due: _____

<u>Date</u>	<u>Payee</u>	<u>Amount</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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REQUEST FOR WEDDING CANCELLATION

I AM REQUESTING TO CANCEL MY WEDDING RESERVATION AND RECEIVE A REFUND IN THE AMOUNT I'M INTITLED TO UNDER THE POLICY.

COUPLE NAME: _____

DATE OF WEDDING: _____ TIME: _____ AM/ PM

DATE REQUEST MADE: _____

OFFICIAL REASON FOR CANCELLATION: _____

OFFICIAL USE

DATE RECEIVED STAMP:

NOTICE RECEIVED FROM: _____

REFUND ISSUED ON: _____

Cc: *Pastor Performing Ceremony*

Minister of Music

Media

Facilities Manager

Housekeeping Supervisor

Wedding Coordinator

Accounting

Counselor

