



St. Paul's Union Chapel and Dutch Neck Schoolhouse

A place for fellowship, spiritual growth, education, and artistic expression.

Reservation Contract Form

This Contract & “Terms & Conditions Contract” is in which **St. Paul’s Union Chapel**, hereafter to be known as SPS or the Chapel, and _____ hereafter to be known as the CLIENT, agree to the CLIENT’s and their guests use of SPS facilities as described below, on _____ event date.

Reservations will be considered secured once the full payment of the following are received by SPS:

- 1.Reservation Contract Form: once received and completed.
- 2.Fees for the services requested are received.
- 3.Refundable damage/cleaning fees are received
- 4.The client, by providing their full payment acknowledge that they have read & agree to SPC Building Usage agreement attached to this contract.

Payments may be made by **Check** or **Cash**

Today’s Date: _____

Client Contact information- (also to whom & where should the deposit be returned?)

Print Name: _____

Signature: _____

Phone# _____ Email _____

Address _____

City: _____ State: _____ Zip: _____

Accepted by: _____ Date: _____

Representative for St. Paul's Union Chapel



St. Paul's Union Chapel and Dutch Neck Schoolhouse

A place for fellowship, spiritual growth, education, and artistic expression.

Reservation Rental Fees & Requested Schedule

SPC is a non-profit. Rental fees help support the historic chapel's mission & preservation.

Rehearsal Date: _____ Start Time: _____ End Time: _____
(2 Hour of Chapel Time - Day before wedding)

Wedding \$1200 Date: _____ Start Time: _____ End Time: _____
(2 Hours of Chapel Time plus 4 hours Schoolhouse Time)

Memorial \$100 Date: _____ Start Time: _____ End Time: _____
(2 hours Chapel Time)

Memorial Reception \$200 Date: _____ Start Time: _____ End Time: _____
(3 hours Schoolhouse Time)

Refundable Deposit

Damage/Cleaning Deposit Check- \$350

Damage/Cleaning deposit is not a rental fee. Damage to SPS, cause for special cleaning measures or violation of contract, by CLIENT or their guests will result in part, or all of the deposit being withheld. The deposit will be returned, by check, within 2 weeks of the conclusion of the event.

Total Charge: Services, Fees & Deposits: \$ _____

Payment Information

Checks- Please send forms and check to: Check# _____ Check date _____

St. Paul's Chapel
% C. Turkington
945 Dutch Neck Road
Waldoboro, ME 04572

Check Amount \$ _____ Client Name _____

Would you like to make a tax-deductible donation?

SPC is a non-profit 501(c)(3) Charitable Trust. I would like to make a tax-deductible donation in the amount of: _____