



## WEDDING OFFICIANT SERVICES CONTRACT

This contract is dated effected the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ "Effective Date."

**Between:**

**And Client:**

**B&S Counseling &  
Training Center**  
  
14601 Bellaire Blvd., Suite 195  
  
Houston, Texas 77083  
  
bns counseling.org  
bns counseling@sbcglobal.net

Bride \_\_\_\_\_  
Cell \_\_\_\_\_  
E-mail \_\_\_\_\_  
Groom \_\_\_\_\_  
Cell \_\_\_\_\_  
E-mail \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**TOTAL FEES:** \$ \_\_\_\_\_ = Ceremony Fee \$ \_\_\_\_\_ + Mileage \$ \_\_\_\_\_

**PAYMENT TERMS:** A Deposit of \$ \_\_\_\_\_ (1/2 of Total Fee) is due with this Contract.

The balance of \$ \_\_\_\_\_ (1/2 of Total Fee) is due \_\_\_\_\_, \_\_\_\_, 20\_\_ (14 days before ceremony)

**WEDDING CEREMONY INFORMATION:**

Wedding Ceremony date is \_\_\_\_\_ Ceremony start time is \_\_\_\_:\_\_\_\_ am / pm.

Ceremony location is at: \_\_\_\_\_

Ceremony address is: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**CLIENT & OFFICIANT AGREEMENT:**

1. Officiant will arrive 15-30 minutes before the ceremony and will depart after reception.
2. Dr. Davenport must be paid in full before ceremony begins.
3. Officiant must have Marriage License before ceremony begins.
4. Client will hold harmless Dr. Davenport, who will not be liable for any damages/compensation due to performance or non-performance of ceremony.
5. Officiant is available for reception prayer.

\_\_\_\_\_  
Signature – Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – B&S Counseling & Training Center

\_\_\_\_\_  
Date

Return to B&S Counseling & Training Center  
14601 Bellaire, Suite 195, Houston, Texas 77083  
Fax: (281) 498-1265      Scan and E-mail: bns counseling@sbcglobal.net

NOTE: Your wedding is "booked" when signed contract and deposit are received by B&S Counseling & Training Center