



# Am Kolel Sanctuary & Renewal Center

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19520 Darnestown Road  
Beallsville, MD 20839  
Web page: [www.am-kolel.org](http://www.am-kolel.org)

Telephone: 301-349-2799  
Facsimile: 301-349-2744  
E-mail: [info@am-kolel.org](mailto:info@am-kolel.org)

Dear Wedding Couple,

Congratulations! We hope that the coming months will be a time of meaningful and joyful planning.

During this time before your wedding, you should schedule at least 3 meetings where you, as a couple, meet with Rabbi David to prepare for your celebration. To schedule a meeting, please contact our Secretary at 301-349-2799. A wonderful reading resource is "The New Jewish Wedding" by Anita Diamant.

If you have chosen Am Kolel's Sanctuary and Renewal Center as the venue for your wedding or reception, you will work closely with our Retreat Manager, Gilah Rosner. She will communicate with you separately to plan your event.

Fees for Judaic Consulting services vary, depending upon community membership. Please email [maura@am-kolel.org](mailto:maura@am-kolel.org) for service fee information.

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**Travel Reimbursement** charges will apply for events conducted 40 or more miles from Rockville. Call the Am Kolel office for a specific estimate.

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## Process & Payment Information:

1. Send information sheet to office immediately. No scheduling can occur until the office has received the completed form.
2. Deposit equal to half of the Wedding Fee is due immediately; this **SECURES THE DATE** on Rabbi's calendar. Your fee schedule can be obtained by emailing [maura@am-kolel.org](mailto:maura@am-kolel.org).
3. Schedule 3 meetings with the Rabbi in the period prior to the wedding date. The first 3 meetings are included in the Officiant's service fee. Additional meetings may be scheduled for an additional fee as detailed above. Payment for additional meetings is due at the time of the meeting.
4. Balance of the Wedding fee is due 30 days prior to Wedding date.
5. Checks should be made payable to:

**Am Kolel**  
19520 Darnestown Road  
Beallsville, MD 20839

**INFORMATION FOR THE AM KOLEL OFFICE**

**WEDDING:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Are you (bride, groom, bride's parents, groom's parents) members of Am Kolel or Kehila Chadasha? **Y N**

*please check the **primary contact** until the ceremony*

**BRIDE:** Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_

**GROOM:** Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_

**BRIDE'S PARENTS:**  
FATHER \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
MOTHER \_\_\_\_\_  
Hebrew Name \_\_\_\_\_

**GROOM'S PARENTS:**  
FATHER \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
MOTHER \_\_\_\_\_  
Hebrew Name \_\_\_\_\_

**HOW TO ADDRESS BRIDE AND GROOM FOLLOWING WEDDING**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR OFFICE USE ONLY:**  
Am Kolel or Kehila Member? **Y N** Service Fee: \$ \_\_\_\_\_ Meeting Fee: \$ \_\_\_\_\_ Travel Expenses to be Tracked: **Y N**  
Invoiced: \_\_\_\_\_ Deposit Received: \_\_\_\_\_ Balance Received: \_\_\_\_\_  
**Meetings**  
#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_ #6 \_\_\_\_\_  
(Additional Fee Applies)