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 Office Manager at 301-349-2799. A wonderful reading resource is “The New Jewish Wedding” by Anita Diamant, which is available through the Am Kolel bookstore or online.

**FEE SCHEDULE FOR WEDDING SERVICE**

| Wedding Fee (local): includes 3 preparatory sessions with Rabbi and the Ceremony |
|---------------------------------|---------------------|
| Am Kolel Members                | $900                |
| Kehila Chadasha Members         | $900                |
| Non-Members                     | $1200               |

**Additional Sessions:**

| Am Kolel Members                | $100                |
| Kehila Chadasha Members         | $100                |
| Non-Members                     | $125                |

**Travel Reimbursement** charges will apply for events conducted 40 or more miles from Rockville. Call the Am Kolel office for a specific estimate. **Addition fees for out of state weddings for time, travel and accommodations will be calculated closer to the wedding.**

**Process & Payment Information:**

1. Please send completed information sheet to the office as soon as possible. No scheduling can occur until the office has received the completed form.
2. A deposit equal to half of the Wedding Fee is due within 30 days SECURES THE DATE on Rabbi’s calendar.
3. Schedule 3 meetings with the Rabbi during the year 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
WEDDING INFORMATION FOR THE AM KOLEL OFFICE

WEDDING: Date: ________  Time: ________  Location: __________________________________________

please check the primary contact until the ceremony

☐ BRIDE: Name: _________________________________________________________________

Phone: ___________________  Email: ___________________

Address: ________________________________________________________________

Hebrew Name (if known): _______________________________________________________

☐ GROOM: Name: _________________________________________________________________

Phone: ___________________  Email: ___________________

Address: ________________________________________________________________

Hebrew Name (if known): _______________________________________________________

BRIDE’S PARENTS:                  GROOM’S PARENTS:

FATHER: ____________________________  FATHER ____________________________

MOTHER: ____________________________  MOTHER ____________________________

Address: ________________________________________________________________

______________________________________________________________

Phone:_________________________________________  Phone: _______________________

If additional space is needed for addresses, please use another sheet of paper or back of this form and check here. ☐

HOW TO ADDRESS BRIDE AND GROOM FOLLOWING WEDDING

Name ________________________________________________________________

Address ______________________________________________________________

Home Phone: ____________________________  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)