



Am Kolel Sanctuary & Renewal Center

19520 Darnestown Road
Beallsville, MD 20839
Web page: www.am-kolel.org

Telephone: 301-349-2799
Facsimile: 301-349-2744
E-mail: 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 Administrative Assistant at 301-349-2799. A wonderful reading resource is "The New Jewish Wedding" by Anita Diaman, which is available through the Am Kolel bookstore.

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.

FEE SCHEDULE FOR WEDDING SERVICE

Wedding Fee: includes 3 preparatory sessions with Rabbi and the Ceremony

Am Kolel Members	\$700
Kehila Chadasha Members	\$700
Non-Members	\$950

Additional Sessions:

Am Kolel Members	\$85
Kehila Chadasha Members	\$85
Non-Members	\$95

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

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

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:

FATHER: _____
MOTHER: _____
Address: _____

Phone: _____

GROOM'S PARENTS:

FATHER _____
MOTHER: _____
Address: _____

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: _____ 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)