



# St. Anne's Catholic Church

1698 Bird St, Rock Hill, SC 29730

## Church Special Ceremony Fees - Parishioners

### WHO IS A PARISHIONER?

*A parishioner is defined as "a practicing Catholic and a registered, supporting member of St. Anne's Catholic Church."*

Terms: The contract must be signed and a 50% deposit paid before the Church can be reserved. Remaining fees must be paid no later than 10 days prior to the event. Failure to do so will result in cancellation of the event and deposit will be refunded.

### QUINCEAÑERA AND WEDDINGS STIPENDS:

- Wedding or Celebration Mass.....\$325.00
- Quinceañera.....\$400.00
- Each additional child (Quinceañera).....\$200.00
- Facilities Manager\*/Ceremony Consultant Fee .....\$150.00

Either the Ceremony Consultant or Facilities Manager **are required to attend** for a Wedding or Quinceañera. The Ceremony Consultant is also available to facilitate rehearsal for your event. The requirement for rehearsal is at the discretion of the Clergy member celebrating the ceremony.

### BAPTISMS STIPENDS (if not performed at Sunday Mass):

- Baptism without Mass.....\$150.00
- Baptism with Mass.....\$200.00
- Each additional child.....\$50.00

### MUSICIAN FEES:

- Pianist and soloist .....\$200.00
- Pianist only.....\$100.00
- Guitarist only.....\$100.00

### Make checks payable to:

St. Anne's Catholic Church  
1698 Bird St, Rock Hill, SC 29730

Thank you!  
Fr. Adílso Coelho

For Parish Office Use Only:

Date Deposit Received in Office \_\_\_\_\_ Check # and \$: \_\_\_\_\_ Cash \_\_\_\_\_

Remainer due date: \_\_\_\_\_ Entered Calendar (Y/N) \_\_\_\_\_ Entered By: \_\_\_\_\_

Paid in full  Date: \_\_\_\_\_

\*Payment to be made directly to the Facility Manager if Consultant is not required.



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## Church Special Ceremony Fees - Contract

Name of the Party(s) for whom the celebration is for:

**CEREMONY TYPE:**

Wedding: \_\_\_\_\_ Baptism: \_\_\_\_\_ Quinceañera: \_\_\_\_\_ Other: \_\_\_\_\_

Rehearsal (Yes/No): \_\_\_\_\_ Event Date/Time: \_\_\_\_\_

Please Choose:

Ceremony with Mass: \_\_\_\_\_ No Mass: \_\_\_\_\_

**NOTE:** Before signing, please read carefully.

- We have read and agree to all policies, procedures, and time allotments concerning the celebration of ceremonies at St. Anne's Catholic Church.
- Only authorized staff/personnel are to perform required rehearsals and supervise events.
- All applicable fees must be paid 10 days prior to the event.
- We agree to comply with all parish/diocese policies and release St. Anne Parish and Diocese of Charleston from liability.
- Responsible party assumes full responsibility for any loss, theft, or damage.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name, Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**CEREMONY INFORMATION:**

Celebrant: \_\_\_\_\_ Co-Celebrant or Deacon: \_\_\_\_\_

Coordinator/Church Representative: \_\_\_\_\_

Musician(s): \_\_\_\_\_

Cantor/Soloist: \_\_\_\_\_