

# *Floral Policy Agreement*

Name of Florist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Wedding Time: \_\_\_\_\_

This agreement must be signed by the florist and the bride and returned to Cherry Hills Community Church as soon as possible, but no later than 30 days prior to the wedding date. This agreement, once signed by the florist and the bride, will be considered binding for the above wedding only. A new form must be signed for each wedding the florist is contracted to do at Cherry Hills Community Church.

I have read the Floral Policies and agree to abide by these guidelines.

\_\_\_\_\_  
Signature of the Bride

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Florist

\_\_\_\_\_  
Date

