



General Information

Couples Names: _____

Phone: _____ Email: _____

Venue: _____ Sound at Ceremony: Yes ___ No ___

Date: _____ Guest Arrival Time: _____ Ceremony Time: _____

of Guests: _____ Indoor/Outdoor Photobooth: Yes ___ No ___ Coordinator: Yes ___ No ___

Coordinator Name: _____ Phone: _____ Email: _____

Reception Information

Cocktail Music: Y / N Type: _____

Dinner Music: Y / N Type: _____

Introductions: Y / N Info: _____

Blessing: _____ Dinner Style(Buffet, Family, Other): _____

Toast: _____

Circle all that apply:

Cake Cutting

1st Dance(Couple)

Father Dance

Mother Dance

Child Dance

Bridal Party Dance

Bouquet Toss

Garter Removal & Toss

Final Dance

Special Dances

No Songs*

DJ allowed to take Request: Y ___ N ___

*Songs not to be played even by request from guests