



→ 10

FILM NEGATIVE

FILM NEGATIVE

FILM NEGATIVE



→ 11



→ 13

→ 13 A

FILM NEGATIVE



→ 14

→ 14 A

FILM NEGATIVE

FILM NEGATIVE

# *Wedding venue comparison*

*By*

*Inspire Me Photography*





# Wedding

## PLANNER

### Wedding Venue Comparison

---

#### 1st venue

Name: .....

Address: .....

Phone: .....

Email: .....

Website: .....

Notes:

Is our date  
available

☐

Type

Facility Extras

☐

Capacity

Transportation

☐

Rates

Is our date  
available

☐

Restrictions







# Wedding

## PLANNER

### Wedding Venue Comparison

---

#### 2nd venue

Name: .....

Address: .....

Phone: .....

Email: .....

Website: .....

Notes:

Is our date  
available

☐

Type

Facility Extras

☐

Capacity

Transportation

☐

Rates

Is our date  
available

☐

Restrictions







# Wedding

## PLANNER

### Wedding Venue Comparison

---

#### 3rd venue

Name: .....

Address: .....

Phone: .....

Email: .....

Website: .....

Notes:

Is our date  
available

☐

Type

Facility Extras

☐

Capacity

Transportation

☐

Rates

Is our date  
available

☐

Restrictions







# Wedding

## PLANNER

### Wedding Venue Comparison

---

#### 4th venue

Name: .....

Address: .....

Phone: .....

Email: .....

Website: .....

Notes:

Is our date  
available

☐

Type

Facility Extras

☐

Capacity

Transportation

☐

Rates

Is our date  
available

☐

Restrictions







# Wedding PLANNER

## Wedding Budget

Groom's Family .....

Bride's Family .....

### Ceremony



<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>

### Wedding Attire



<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>

### Reception



<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>

### Decoration



<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>

### Others



<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	<input type="checkbox"/>

Total Spent:

Remaining:







# Wedding PLANNER



## Checklist

Time	Task	Priority	✓
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	1 - 2 - 3	<input type="checkbox"/>

