

# Couple Questionnaire

## Couple Information

Your Name:

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Your Fiances Name:

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Your Mailing

Address:

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Your Email Address:

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Your Fiances Email

Address:

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Your Phone

Number:

---

Your Fiances Phone

Number:

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Choice of

Communication: Cell      Email      Text

## Wedding Information

Wedding Date:

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Wedding Venue(s):

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Venue Address:

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Ceremony Begins:

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Reception Begins:

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Reception Ends:

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Number of Guests:

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Do you have a

planner? YES      NO

Are you looking for a

planner? YES      NO

If Yes, Name and

Contact Information:

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## The Services you are looking for:

PERSONALIZED MONOGRAM

CEREMONY SERVICES

COCKTAIL HOUR

RECEPTION SERVICES

REHEARSAL SERVICE

UPLIGHTING

SPOTLIGHT ON CAKE

DANCING IN THE CLOUDS

EVENT PLANNER

DAY OF MANAGER

LOVE LETTERS

MR & MRS LETTERS

SPARKLERS

PARTY GLOW STICKS

EVENT DÉCOR

INVITATIONS/MENUS

DJ SERVICES

CHEF/CATERING

BAKER/CAKE/DESSERTS

MAKEUP/HAIR STYLIST

TRAVEL ARRANGEMENTS

GEYSERS/COLD SPARKLERS

FLORAL ARRANGEMENTS

EVENT SIGNAGE