

WEDDING QUESTIONNAIRE

Wedding Date:	Bu	dget: \$	No. of Guests:
No. of Vendors (if seating and)	food will be p	rovided)	
Bride's Full Name:		Phone #:	
Email Address:			
Groom's Full Name:		Phone #:	
Email Address:	M	ailing Address:	
Wedding Colors and Theme:			
Ceremony Start time: Venue	e and Addres	s:	
	Teleŗ	ohone:	
Reception Start Time: Ver	iue and Addr	ess (if different from c	eremony):
		Telephone:	
Total in Bridal Party:			
	The	Wedding	
Flowers, Corsages and Boutonnie	r es: Please ir	ndicate amounts.	
Bouquets			
Bridal bouquet: Type	/Shape:		_
Bride's Maids: Maid(s) of h	nonor	Matron(s) of Honor	;
Flower girl(s)			
Boutonnieres:			
Groom: Grooms r	nen:	_ Best man/men: _	
Ring bearer Paige boy:	Fathers:	Others:	
Corsages: Mother(s)			

Other flowers:					
Preferred flower(s):					
Arch for ceremony Yes No Columns with flowers: Yes No					
Isle markers: Yes No					
Isle runner: Yes No					
Reception centerpieces: Other flowers:					
Welcome sign: Yes No					
Ceremony layout request:					
Reception					
Cocktail Hour: Yes: No: Bar:					
Reception layout request:					
Sweetheart table for just the bride and groom? Yes No					
Bridal party table (to include bride and groom): Yes No Other:					
Please explain if other:					
Reserved tables? Yes No # of reserved tables					
Who are the reserved tables for?					
Bar setup: Yes No How many bars:					
TABLES:					
Head table: Yes # of people:					
Reserved tables: # of people:					
Round tables: Yes					
Other:					
Cocktail/High tables: how many?					

	Wedding Cake table: Yes	Treats table: Yes _	Food Buffet tables: Yes	
	Your Baker's Name/Company:			
Conta	act Person:		Tel:	
Email	;	·		
且	CHAIRS:			
M	White garden folding chairs	Covered:	Color:	
	_ Mahogany brown folding chairs			
	_ Clear/Ghost chairs			
	_ Chestnut wooden cross back cha	irs		
	_ Whitewash cross back chairs			
	_ Bamboo folding chairs			
	_ Gold Chiavari chairs			
	_ Silver Chiavari chairs			
	_ Black Chiavari chairs			
	_ Chiavari mahogany cocktail chair	s/highchairs		
	_ Lounge chairs			
	_ Specialty chairs for honored gues	st		
Pleas	e indicate which services/vendors	you would like us to	provide:	
COO	RDINATOR: Yes Your Coor	dinator's Name/Com	pany:	Conta
Perso	n:	Tel	·	
	:			
6	PHOTOGRAPHER: Yes			
Your	Photographer's Name/Company:			
			Tel:	
	:			

Contact Person:	Tel:
mail:	
~	
CATERER: Yes	
Your Caterer's Name/Company:	
ontact Person:	Tel:
mail:	
Appetizers: Yes Dinner: Yes De	essert: Yes Beverage: Yes
lot: Yes Cold: Yes	
you have a caterer, please provide:	
ervers: Yes Bartender: Yes	
DJ/SOUND: Yes	
our DJ:	Tel:
mail:	
LIVE ENTERTAINMENT: Yes	
erformer:	Tel:
Email:	
ire Dancers: Yes Moko Jumbies: Yes_	Live band: Yes
other:	
you're providing your own entertainers, ple	ease share them with us:
1. Name of Entertainer:	
Type of entertainment:	
el: Email:	
2. Name of Entertainer:	
Type of entertainment:	
ol· Email·	

Please	list any special needs or requests:
1.	
2.	