

Please complete the information below and bring this form to your first appointment:

Appointment Time: _____

Date: _____

General Information

Wedding Date: _____

Bride's Name: _____

Address: _____

Phone #: _____

Groom's Name: _____

Address: _____

Phone #: _____

Ceremony Location: _____

Time: _____

Contact: _____

Telephone #: _____

Special Considerations/Rules:

Reception Location: _____

Time: _____

Contact: _____

Phone #: _____

Special Considerations/Rules:

Wedding Day Contact Information – Name: _____ Phone#: _____

Bridal Dress Color: _____

Attendant Dress Color: _____

Theme: _____

Color Scheme: _____

Ceremory Check List

Chuppah: _____

Aisle Runner length: _____

Aisle Decoration: _____

Alter Bouquet: _____

Candelabra: _____

Pew Decorations: _____

Bride Bouquet: _____

Maid of Honor: _____

Attendants: _____

Flower Girl: _____

Hairpieces: _____

Boutonniere: _____

Mother's Corsages: _____

Other Corsages: _____

Reception

Centerpieces: _____

Head Table: _____

Plant Rental: _____

Cake Flowers: _____

Place Card Table: _____