

Wedding Consultation Information

Date of Wedding/Event: _____ Time of Wedding/Event: _____ am pm

Bride's Name: _____ Groom's Name: _____

Bride's Address: _____ Groom's Address: _____

Phone #: () - _____ Phone #: () - _____

Phone #: () - _____ Phone #: () - _____

e-mail: _____ e-mail: _____

Location of Ceremony: _____ Contact Person: _____

Address: _____ City: _____

Phone #: () - _____ ext.: _____

Location of Reception: _____ Contact Person: _____

Address: _____ City: _____

Phone #: () - _____ ext.: _____

Bridal Gown Color: _____ Type of Material: _____

Purchase Location: _____

Number of Attendants (Total): _____ Attendant's Dress Color: _____

Swatch? Yes No

Were we recommended to you? Yes No

If Yes, By Whom?: _____

If No, Please tell us how you heard about us: _____

Are there any other people/services that you would like to connect with? (Please check all that apply.)

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Reception/Wedding Favors | <input type="checkbox"/> Videographer | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Reception Hall | <input type="checkbox"/> Placement Cards | <input type="checkbox"/> Jeweler | <input type="checkbox"/> Honeymoon |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Invitations | <input type="checkbox"/> Masseuse | <input type="checkbox"/> Event Planner |
| <input type="checkbox"/> Music/DJ | <input type="checkbox"/> Bakery | <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Showers/Parties |