

Date of Wedding: / /

Name: _____

List in Order of Appearance: *Please complete names as they are to be read. i.e. James vs. Jim, or Elizabeth vs. Liz)*

Bride's Father	&	Bride's Mother
Groom's Father	&	Groom's Mother

Title (Pull-down Menu)

Bride's Party

Groom's Party

Flowergirl/Ringbearer _____ Escorted by Mr. _____

Flowergirl/Ringbearer _____ Escorted by Mr. _____

Jr. Bridesmaid/Jr. Groomsman _____ Escorted by Mr. _____

Jr. Bridesmaid/Jr. Groomsman _____ Escorted by Mr. _____

Bridesmaid/Groomsman _____ Escorted by Mr. _____

Bridesmaid/Groomsman _____ Escorted by Mr. _____

Bridesmaid/Groomsman _____ Escorted by Mr. _____

Bridesmaid/Groomsman _____ Escorted by Mr. _____

Maid of Honor _____ Escorted by Mr. _____

Groom & Bride: **Mr. & Mrs.** _____ & _____

Groom's First Name	Bride's First Name	Last Name
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<u>Locations</u>	<u>Place (Indicate Room as well)</u>	<u>Telephone</u>	<u>Start-End Time</u>	<u>Need DJ?</u>
Wedding Ceremony	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
Cocktail	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
Reception	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

* Will there be a Street Fair in progress on the Wedding Date: Yes No

First Dance Song: _____

Name of Individual Conducting Chinese Introductions: _____

Approximate Number of Guests: _____ How many dress changes for the bride? _____

	<u>Yes or No?</u>	<u>Notes: (if applicable, indicate song preference):</u>
Best Man's Toast	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Cake Cutting Ceremony	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Bride Dance with Father	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Entire Song <input type="checkbox"/> Short as Possible _____
Groom Dance with Mother	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Entire Song <input type="checkbox"/> Short as Possible _____
Tossing of Bouquet	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Removal/Tossing of Garter	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Group Participation Dances	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Special instructions / requests (please list all likes/dislikes/preferences/ do's and don'ts):

Contact: _____ Phone: _____

	Day	Evening
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Address	City	State	Zip
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Standard Performance Duration is 5 hours (12pm to 5pm or 6pm to 11pm) unless otherwise agreed upon
*** Parking & travel fees are additional. PLEASE NOTE: All balances are vs. CASH ONLY. Thank you.**