

Wedding Information Form

Wedding Date: _____

Arrival Date: _____ Departure Date: _____

Where are you staying: _____

Time of Wedding: _____ Email Address: _____

Bride's Name: _____

Groom's Name: _____

Address: _____

Phone#: _____ Work/Cell# _____ Fax# _____

Dinner/Reception: _____

Number of guests: _____

Location _____

Minister: _____

Please check one: man _____ woman _____ No preference _____

Christian: ___ **Or** Non-Christian Spiritual ___ Hawaiian _____

Wedding Package _____

Photographer: _____

Video: _____

Preferred Flowers or Colors : _____

Musician: _____

Cake: Flavor _____

Hair/Make-up: _____

Marriage License Date: _____

Where did you hear about us: _____

Printed Name: _____

Signature: _____ **Date:** _____

Your Signature Authorizes Diana J. Gardner Weddings Coordinator,
to proceed with your wedding arrangements.