Wedding Questionnaire

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

Event date: _____ Location of Wedding/Reception:_____ Same Place? Y/N

Contact Information:

Address: _____

Phone Number: _____Email : _____

Budget: _____ Amount of People: _____ Theme: _____

Bride's Fav Color/ flower: _____ _____Groom's_____

Hobbies_____

_____

BrideMaids:_____GroomsMen:_____Moms:_____Dads:_____Grandmas/pas:_____

Flowergirl/Ring bearer: Y/N Ages:_____ Junior Brides/Grooms:Y/N____Ages:_____

Reception:

Buffett_____ Sit Down_____ Food Likes:_____

Food Dislikes:_____

Any Allergic Reactions to Flowers:_____

Cake Preferences:_____

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How do you see your dream wedding?

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_____Thank you..