



# WEDDING CEREMONY PLANNER



yes  no  **Pre-Ceremony:** Classical, Jazz, Other:

\_\_\_\_\_

yes  no  **Mother/Grandmother's Ushering:** Provide Title of Song and Artist's Name

\_\_\_\_\_

yes  no  **Bridesmaid's Processional:** Provide Title of Song and Artist's Name

\_\_\_\_\_

yes  no  **Bride's Processional:** Provide Title of Song and Artist's Name

\_\_\_\_\_

yes  no  **Custom Vows:**

\_\_\_\_\_

yes  no  **Candle Lighting, Poem, Singer:** Provide Title of Song and Artist's Name

\_\_\_\_\_

yes  no  **Recessional:** Provide Title of Song and Artist's Name

\_\_\_\_\_

**Person Presiding:** \_\_\_\_\_



## Formal Bridal Party Announcement Information

**Bride's Parents:**

\_\_\_\_\_

**Groom's Parents:**

\_\_\_\_\_

**Flower Girl:**

\_\_\_\_\_

**Ring Bearer:**

\_\_\_\_\_

**Bridesmaid's:**

\_\_\_\_\_

**Groomsmen:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Maid/Matron of Honor:**

\_\_\_\_\_

**Best Man:**

\_\_\_\_\_

**Bride & Groom:** \_\_\_\_\_

Please indicate exactly how you would like to be announced  
(Mr. or Mrs, First names only, etc.)



# WEDDING RECEPTION PLANNER



Bride: \_\_\_\_\_ Groom: \_\_\_\_\_ Reception Date: \_\_\_\_\_

How Would You Like to Be Announced (Exactly): \_\_\_\_\_

SELECTION	TIME	EVENT	
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Announce Bridal Party	Song/Artist: _____
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Announce Bride & Groom	Song/Artist: _____
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Food	Buffet <input type="checkbox"/> Sit Down <input type="checkbox"/>
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Toast by _____	
		Toast by _____	
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Cake Cutting	Song/Artist: _____
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	First Dance	Song/Artist: _____
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Father/Daughter	Song/Artist: _____
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Mother/Son	Song/Artist: _____
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Bouquet Toss	Song/Artist: _____
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Garter Toss	Song/Artist: _____
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Anniversary Dance	Song/Artist: _____
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Honeymoon Dance	Song/Artist: _____
yes <input type="checkbox"/> no <input type="checkbox"/>	_____	Farewall Dance	Song/Artist: _____

<b>EVENT INFORMATION</b>	Number of Guests: _____
Performance Time(s): _____	Set-Up Time: _____ On-Site Phone #: _____
Address & Directions (Please include map if possible): _____ _____	
Stage: yes <input type="checkbox"/> no <input type="checkbox"/>	Wedding Coordinator: _____
Table: yes <input type="checkbox"/> no <input type="checkbox"/>	Caterer: _____
Stairs: yes <input type="checkbox"/> no <input type="checkbox"/>	Photographer: _____
Elevator: yes <input type="checkbox"/> no <input type="checkbox"/>	Videographer: _____
Other Notes/Instructions: _____	



# ADDITIONAL SONG REQUESTS



Song & Artist: \_\_\_\_\_

Song & Artist: \_\_\_\_\_

Song & Artist: \_\_\_\_\_

Song & Artist: \_\_\_\_\_

Song & Artist: \_\_\_\_\_

Song & Artist: \_\_\_\_\_

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Song & Artist: \_\_\_\_\_

