



Wedding Deposit Form

Please complete this form and return it to our office along with your deposit.

Wedding Date : _____ Wedding Time: _____

Rehearsal Date: _____ Rehearsal Time: _____

Brides Name: _____

Address: _____

Home Phone : _____ Cell: _____

Email Address: _____

Brides Parents Name : _____

Grooms Name : _____

Address: _____

Home Phone : _____ Cell: _____

Email Address: _____

Grooms Parents Name: _____

Reception Location: _____

Sponsors Name: _____

Deposit Amount: \$ _____ Check #: _____

Estimated Number of Guests _____ (Maximum 110)

Bride or Groom Signature: _____ Date: _____