

# WEDDING QUESTIONNAIRE

## GENERAL INFORMATION:

Date of Wedding: \_\_\_\_\_

Name of Bride: \_\_\_\_\_

Name of Groom: \_\_\_\_\_

Location of Ceremony: on-site: \_\_\_\_\_ / off-site \_\_\_\_\_

Venue Ceremony Chairs Required: YES / NO

Number of Guests: \_\_\_\_\_

## TIMELINE:

Rehearsal/Walk-through: \_\_\_\_\_

Rehearsal Dinner, if on-site and is reservation required: \_\_\_\_\_

Setup/Decorating: \_\_\_\_\_

Ceremony: \_\_\_\_\_

Pictures: \_\_\_\_\_

Cocktail Hour: \_\_\_\_\_

Dinner: \_\_\_\_\_

Cake-Cutting: \_\_\_\_\_

Dance: \_\_\_\_\_

Estimated End Time: \_\_\_\_\_

Other Notes: \_\_\_\_\_

## OTHER DETAILS, if applicable:

Number of Groomsmen: \_\_\_\_\_

Number of Bridesmaids: \_\_\_\_\_

Head Table or Sweetheart table? \_\_\_\_\_

Speeches during dinner? \_\_\_\_\_

Names of Brides Parents: \_\_\_\_\_

Names of Grooms Parents: \_\_\_\_\_

Name of Maid of Honor: \_\_\_\_\_

Is wheelchair accessibility required? \_\_\_\_\_

## THIRD PARTY VENDORS:

Wedding Planner: \_\_\_\_\_

Name of Decorator: \_\_\_\_\_

DJ/Band: \_\_\_\_\_

Other: \_\_\_\_\_

## EVENT ROOM & TABLE SETUP REQUIREMENTS:

Venue's Black Table Linens: YES / NO

Venue's Black Napkins: YES / NO

Venue's Reception Chairs: YES / NO

Venue's Tables: YES / NO

Venue's Cutlery: YES / NO

Venue's Tree Stump Centerpieces: YES / NO

Describe Centerpiece Decor: \_\_\_\_\_

Floor Plan Submitted: YES / NO

Venue's Podium & Microphone: YES / NO

Venue's Speakers/Music: YES / NO

Venue's TV for Presentation/Slideshow: YES / NO

## BAR:

Cash Bar, Host Bar, or Other: \_\_\_\_\_

Venue to Provide Drink Tickets: required / not required

Master Tab for B&G?: \_\_\_\_\_

Non-alcoholic drinks added to **master bill** or **paid by guest** (circle)

Any Special Bar Requests (ie. favourite cocktail, beer)? \_\_\_\_\_

Wine with Dinner: YES / NO

Other Notes: \_\_\_\_\_