

CONSULTATION INFORMATION

DATE OF WEDDING: _____

TIME: _____ AM/PM

CHURCH LOCATION: _____

ADDRESS: _____

CITY: _____

PHONE.# _____

CONTACT PERSON: _____

RECEPTION: _____

ADDRESS: _____

CITY: _____

PHONE.# _____

CONTACT PERSON: _____

NUMBER OF ATTENDANTS: _____

COLOR OF ATTENDANTS GOWNS: _____

PURCHASED WHERE: _____

SWATCH: YES/NO

BRIDAL GOWN COLOR: _____

TYPE OF MATERIAL: _____

PURCHASED WHERE: _____

NAME OF BRIDE: _____

ADDRESS: _____

CITY: _____

HOME PHONE # _____

WORK;# _____

CELL # _____

PARENTS NAMES: _____

HOME PHONE# _____ CELL# _____

NAME OF GROOM: _____

ADDRESS: _____

CITY: _____

HOME PHONE # _____

WORK;# _____

CELL # _____

PARENTS NAMES: _____

HOME PHONE# _____ CELL# _____

WERE WE RECOMMENDED TO YOU: YES/NO

IF YES, BY WHOM? _____

APPOINTMENT: DATE: _____ TIME _____