

I do ceremonies

TONIA SWETMAN CELEBRANCY SERVICE

Registration number A16999

7 Rosmunde Court, West Leederville WA 6007 Mobile: 0419 947 697

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www.celebrant-idomorethanwords.com

BOOKING FORM

Please complete as many details as possible.

| Your Wedding | | | |
|---|------------------------------|---|---|
| Bride | Surname | First & other names | |
| Groom | Surname | First & other names | |
| Wedding day & date | | Wedding ceremony time | |
| Wedding ceremony venue | | Indoors <input type="checkbox"/> | Outdoors <input type="checkbox"/> |
| Wedding ceremony address | | | |
| Alternative wet weather venue | | | |
| Number of people attending wedding | | Colour Scheme | |
| Wedding theme / mood | | | |
| Contact Details for Ceremony Planning | | | |
| Celebrant contact person: | | | |
| Address | | State | Post Code |
| Home phone | | Mobile | |
| Email | | | |
| Address after marriage <i>(if changed)</i> | | | |
| Your Ceremony | | | |
| First witness | Surname | First & other names | |
| Second witness | Surname | First & other names | |
| Wedding party <i>(provide full details, please indicate if children under 12)</i> | | | |
| | | | |
| | | | |
| Arrival time of Bride | | Arrival time of Groom <i>(20 mins before)</i> | |
| Will you be given away? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If so, by whom? |
| Name of photographer | | | |
| Do you require a rehearsal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, requested date of rehearsal |
| Do you require a PA system | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Do you require a signing table Yes <input type="checkbox"/> No <input type="checkbox"/> |

Name _____ Signature _____