

Our Wedding Workbook

Our Names

Our Day of Wedding

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Wedding Information

Wedding Date:	
Ceremony Location:	
<i>Time:</i>	
Reception Location:	
<i>Time:</i>	
Number of Guests:	
Wedding Planner:	
<i>Phone Number:</i>	
<i>Email:</i>	
Venue Contact:	
<i>Phone Number:</i>	
<i>Email:</i>	
Officiant's Name:	
<i>Phone Number:</i>	
<i>Email:</i>	
DJ Name:	
<i>Phone Number:</i>	
<i>Email:</i>	
Photographer:	
<i>Phone Number:</i>	
<i>Email:</i>	
Additional information & details:	

Hotel Information

Number of out of town guests:		
Hotel information for out of town guests:		
Welcome Bag contents:		
Hotel or Place where we are staying the night before wedding:	<i>Bride/Groom:</i>	
	<i>Bride/Groom:</i>	
Hotel or Place for getting ready and time. Bride/Groom and Attendants Group 1	Place:	Time:
Hotel or Place for getting ready and time. Bride/Groom and Attendants Group 2	Place:	Time:
Hotel or Place we are staying the night of wedding:		
Additional information or more details:		

Vendor Information

***REMEMBER TO KEEP A COPY OF ALL VENDOR CONTRACTS.**

CEREMONY VENUE	Company Name:
	Contact Person:
	Phone Number:
	Address:
	Email:
	Attire:
	Arrival Time:
	Ending Time:
	FINAL MEETING - Needs to by:
	Location:
	Date:
	Time:
	Final Payments:
	Additional Info:
RECEPTION VENUE	Company Name:
	Contact Person:
	Phone Number:
	Address:
	Email:
	Attire:
	Arrival Time:
	Ending Time:
	FINAL MEETING - Needs to by:
	Location:
	Date:
	Time:
	Final Payments:
	Additional Info:
ADDITIONAL VENUE	Company Name:
	Contact Person:
	Phone Number:
	Address:
	Email:
	Attire:
	Arrival Time:
	Ending Time:
	FINAL MEETING - Needs to by:
	Location:
	Date:
	Time:
	Final Payments:
	Additional Info:

Wedding Party Information

Grandparents	BRIDE/GROOM'S SIDE
	Name(s):
	Email:
	Cell Number:
	Residency:
	Arrival:
	BRIDE/GROOM'S SIDE
	Name(s):
	Email:
	Cell Number:
	Residency:
	Arrival:
Parents	BRIDE/GROOM'S SIDE
	Name(s):
	Email:
	Cell Number:
	Residency:
	Arrival:
	BRIDE/GROOM'S SIDE
	Name(s):
	Email:
	Cell Number:
	Residency:
	Arrival:
Host/ess	Name:
	Email:
	Cell Number:
	Residency:
	Arrival:
Host/ess	Name:
	Email:
	Cell Number:
	Residency:
	Arrival:
Host/ess	Name:
	Email:
	Cell Number:
	Residency:
	Arrival:
Host/ess	Name:
	Email:
	Cell Number:
	Residency:
	Arrival:

Ceremony Information

***REMEMBER TO KEEP A COPY OF ALL VENDOR CONTRACTS.**

Ceremony Location:	
Contact Person:	
Contact Phone Number:	
Contact Email Address:	
Vendor setup Time:	
Ceremony Room:	
Floor:	
Transportation to site for Bride/Groom and Attendants Group 1 provided by:	
Transportation to site for Bride/Groom and Attendants Group 2 provided by:	
Transportation to site for Guests provided by:	
Guests Parking/Valet: If so, paid? Y / N	
Number of Guests:	
Guests with Special Physical Needs:	
Number and approximate ages of children:	
Sitter Needed: Yes / No	
Ceremony Start Time:	

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Reception Information

***REMEMBER TO KEEP A COPY OF THE RECEPTION LOCATION CONTRACT.**

Reception Location:	
Contact Person:	
Contact Phone Number:	
Contact Email Address:	
Vendor setup Time:	
Transportation to site for Bride/Groom and Attendants Group 1 provided by:	
Transportation Arrival time:	
Transportation to site for Bride/Groom and Attendants Group 2 provided by:	
Transportation Arrival time:	
Transportation to site for Guests provided by:	
Transportation Arrival time:	
Guests Parking/Valet: If so, paid? Y / N	
Number of Guests:	
Guests Check-in: Yes / No	
Room Name:	
Floor:	
Cocktail Hour: Yes / No	

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List of Appointments

<i>Day</i>	<i>Date</i>	<i>Time</i>	<i>Vendor</i>	<i>Location</i>

Bridal Account

DATE	PAID TO	TRANSACTION	BASE PACKAGE AMOUNT	BALANCE OWED	AMOUNT PAID	NEW BALANCE OWED
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$
		Deposit / Payment	\$	\$	\$	\$

Financial Allocation

My Overall Budget: \$_____

***TO FIND ESTIMATE: MULTIPLY BUDGET BY SUGGESTED PERCENTAGE**

%	VENDOR	ESTIMATE	ACTUALLY SPENT
48-50%	RECEPTION	\$	\$
	RECEPTION VENUE & RENTALS	\$	\$
	FOOD & SERVICE	\$	\$
	BEVERAGES & BARTENDERS	\$	\$
	CAKE CUTTING FEE	\$	\$
8-10%	ATTIRE	\$	\$
	GOWN(S)	\$	\$
	TUX(ES)	\$	\$
	SHOE(S)	\$	\$
	GOWN(S) ALTERATIONS	\$	\$
	TUX(ES) ALTERATIONS	\$	\$
	BRIDE/GROOM ACCESSORIES 1	\$	\$
	BRIDE/GROOM ACCESSORIES 2	\$	\$
	PREWEDDING PAMERING	\$	\$
	HEADPIECE(S) & VEIL(S)	\$	\$
	HAIR AND MAKEUP	\$	\$
2-4%	CEREMONY	\$	\$
	CEREMONY LOCATION FEE	\$	\$
	OFFICIANT FEE/DONATION	\$	\$
	CEREMONY ACCESSORIES	\$	\$

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