

Your Wedding Worksheet!

General Information

My Wedding Specialist: _____

Phone Number: _____ Email: _____

Wedding Date: _____ Deposit for room: \$500 due

Full Payment of \$ _____ is due on: _____

Attendees

Number Expected: _____ Number of Children: _____

Any Special Accessibility? _____

Event Specifics

What areas will you be using? Garden Area Wenkstern Ballroom

Deck Locker Rooms Golf Course Photos in Clubhouse/on Course

Is Pre-Event Set-Up Required? Yes No Who & When: _____

Theme: _____ Colors: _____

What are you envisioning your day to be? _____

Food & Beverage

- Cocktail Hour: _____

- Appetizers: _____

- Dinner: _____

- Late Night Snacks: _____
- Beverages: _____

- Special Dietary Requests: _____

Suppliers

- Decorations: _____
- Music: _____
- Entertainment: _____
- Cake/Dessert: _____
- Photographer: _____
- Other: _____

Audio Visual/Misc Needs

- | | | | |
|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Background Music | <input type="checkbox"/> Cake Table | <input type="checkbox"/> Dance Floor | <input type="checkbox"/> DJ Table |
| <input type="checkbox"/> DVD Player | <input type="checkbox"/> Easel | <input type="checkbox"/> Escort Table | <input type="checkbox"/> Flip Chart |
| <input type="checkbox"/> Guest Book Table | <input type="checkbox"/> Gift Table | <input type="checkbox"/> iPod Dock | <input type="checkbox"/> LCD Projector |
| <input type="checkbox"/> Memorabilia Table | <input type="checkbox"/> Podium | <input type="checkbox"/> Screen | <input type="checkbox"/> Wireless Mic. |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | | |