

Venue: _____ **Wedding Date:** _____

Bride Name/Age: _____ **Groom Name/Age:** _____

Bride Parents: _____ **Groom Parents:** _____

Photographer: _____ **Videographer:** _____

Caterer: _____ **Photobooth:** _____

Ceremony Time: _____ **Ceremony Location:** _____

Alcohol: YES / NO

CASH / OPEN / Beer & Wine Only

Grand Exit Time: _____ **Transportation:** _____

Guest Count: _____

Planner: _____

Line Dances(Check all that apply): Check, Scratch Out or BR

<input type="checkbox"/> Cha Cha Slide	<input type="checkbox"/> Cupid Shuffle	<input type="checkbox"/> Wobble
<input type="checkbox"/> Chicken Dance	<input type="checkbox"/> Copperhead Road	<input type="checkbox"/> Macarena
<input type="checkbox"/> Cotton Eyed Joe	<input type="checkbox"/> Footloose	<input type="checkbox"/> YMCA
<input type="checkbox"/> Shout	<input type="checkbox"/> Electric Slide	<input type="checkbox"/> Boot Scootin Boogie

Please Mark The Types Of Music Preferred: AL=a lot; L=little; N=no; BR=by request

70's	80's Rock	80's Pop
90's Pop	90's Country	Red Dirt Country
Top 40 Country	Standards(Sinatra, etc)	Christian Pop
Top 40 Hip Hop	Top 40	Classic Rock
Motown(Mountain, My Girl)	Disco/Funk	50's & 60's(Elvis, Beatles)

Bridal Party Names(Best Man & MOH Last)

Specific Songs and/or Artist Like:

Do Not Play:
