

Bride:	Groom:	
Address:	Address:	
Phone:                      Email:	Phone:                      Email:	
Wedding Ceremony Location:	Date:	Time:
Reception Location:	Date:	Time:

	Cost
<b>BRIDAL FLOWERS</b>	
<input type="checkbox"/> Dress Color and Style:	
<input type="checkbox"/> Style of Bouquet and Flowers:	
<input type="checkbox"/> Floral Headpiece:	
<input type="checkbox"/> Bouquet to Throw:	
<b>THE BRIDAL PARTY</b>	
<input type="checkbox"/> <b>Maid/Matron of Honor</b> Dress Color and Style:	
<input type="checkbox"/> Style of Bouquet and Flowers:	
<input type="checkbox"/> <b>Bridesmaids- Number:</b> Price Each:	
<input type="checkbox"/> Dress Color and Style:	
<input type="checkbox"/> Style of Bouquet and Flowers:	
<input type="checkbox"/> <b>Flower Girl</b> Dress Color and Style:	
<input type="checkbox"/> Style of Bouquet and Flowers:	
<input type="checkbox"/> <b>Floral Headpieces:</b>	
<b>BOUQUINIERS</b>	
<input type="checkbox"/> Groom:	
<input type="checkbox"/> Best Man:	
<input type="checkbox"/> Groomsmen- Number:	
<input type="checkbox"/> Fathers:	
<input type="checkbox"/> Grandfathers:	
<input type="checkbox"/> Other- Number:	
<b>CORSAGES</b>	
<input type="checkbox"/> Mother of the Bride:	Dress Color:
<input type="checkbox"/> Mother of the Groom:	
<input type="checkbox"/> Grandmothers:	Number:
<input type="checkbox"/> Other- Number:	Price Each:
<input type="checkbox"/> <input type="checkbox"/> Vocalist <input type="checkbox"/> Guest Book <input type="checkbox"/> Organist <input type="checkbox"/> Reader <input type="checkbox"/> Special Guest	
<input type="checkbox"/> <input type="checkbox"/> Cake Srvr. <input type="checkbox"/> Punch Srvr. <input type="checkbox"/> Gift Table <input type="checkbox"/> Other	
<b>CEREMONY</b>	
<input type="checkbox"/> Main Altar:	
<input type="checkbox"/> <input type="checkbox"/> Canopy <input type="checkbox"/> Candelabra <input type="checkbox"/> Unity Candelabra <input type="checkbox"/> Bench <input type="checkbox"/> Foliage	
<input type="checkbox"/> Aisle Runner <input type="checkbox"/> 50 ft. <input type="checkbox"/> 75 ft. <input type="checkbox"/> 100 ft. <input type="checkbox"/> 125 ft. <input type="checkbox"/> 150 ft.	
<input type="checkbox"/> Other:	
<b>RECEPTION</b>	
<input type="checkbox"/> Centerpieces- Number:	Price Each:
<input type="checkbox"/> Cake- Top:	
<input type="checkbox"/> Cake- Middle:	Cake- Base:
<input type="checkbox"/> Cake- Table:	Price Each:
<input type="checkbox"/> Other:	
<input type="checkbox"/> Special Instructions:	Subtotal:                      \$ -
	Delivery:
	Sales Tax:                      \$ -
	<b>TOTAL:</b> \$ -
	Deposit:
<input type="checkbox"/> Accepted By:	Date: <b>BALANCE DUE:</b> \$ -