



Wedding Reception Information Profile

Bride: _____ Groom: _____

The information you provide in this profile will help us personalize your special day. Please complete this form with as much detail as is currently available and return it to us at least one week prior to the function date. Any requested information that is not applicable to your reception, please enter as N/A. Please use the back of the last sheet if you need to make extra notations. You may provide CD's for special requests at the hosts discretion.

Wedding Date: _____ Time: _____ to _____

Function Location: _____ Room Name/#: _____

Function Address: _____ Telephone#: _____

Bride's Name: _____ Groom's Name: _____

Mother's Name: _____ Mother's Name: _____

Father's Name: _____ Father's Name: _____

Maid/Matron of Honour: _____ Best Man: _____

Bridesmaid 1: _____ Usher 1: _____

Bridesmaid 2: _____ Usher 1: _____

Bridesmaid 3: _____ Usher 1: _____

Bridesmaid 4: _____ Usher 1: _____

Bridesmaid 5: _____ Ring Bearer: _____

Flowergirl: _____ Master of Ceremony: _____

Approximate Time(s)

Approximate Time(s)

Arrival Time at reception location: _____ Father/Bride Dance: _____

Receiving Line/Cocktail Hour: From _____ To _____ Bouquet/Garter Toss: _____

Luncheon/Dinner: From _____ To _____ Changing into Farewell Outfit: _____

Speeches/Announcements: From _____ To _____ Last Dance by Bride & Groom: _____

First Dance by the Bride & Groom _____ Bride/Groom Leaving Reception _____

Based on your total amount of guests, please indicate what percentage fall in to each age group.

This will ensure that, musically, there is something for everyone.

Total Guests: _____ Under 20: _____ 20-30: _____ 30-40: _____ 40-50: _____ Over 50: _____



Music Requirements

Song Title	Artist
First Dance Bride & Groom: _____	_____
Father/Bride Dance: _____	} _____
Mother/Groom Dance: _____	
Last Dance Bride/Groom: _____	_____
Bouquet Toss: _____	_____
Garter Removal: <input type="checkbox"/> You Can Leave Your Hat On <i>by Tom Jones</i> <input type="checkbox"/> Other: _____ <input type="checkbox"/> Garter Hideaway Surprise: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dinner/Cocktail Music (please check your preferences):	
<input type="checkbox"/> Light Jazz <input type="checkbox"/> Other: _____	



Song Title	Artist
Other special song: _____	_____
Requests of Favourite: _____	_____
Our Music Styles : _____	_____
Host should play: _____	_____
_____	_____

Please list below any songs/styles of music/artists that you **DO NOT** want played at your reception, even if requested by your guests.
Our Host will inform your guest that at your request he cannot play the song requested.

Host Notes/Special Song Dedications:

