

WEDDING RECEPTION WORKSHEET

Reception Date:

Time:

Reception Hall:

Contact Person:

Parents of the Bride:

Parents of the Groom:

Flower Girl:

Ring Bearer:

Bridesmaids & Ushers:

1. _____ & _____
2. _____ & _____
3. _____ & _____
4. _____ & _____
5. _____ & _____
6. _____ & _____

Maid/Matron of Honor: _____

Best Man: _____

Bride & Groom - Mr. & Mrs. _____

Bride's First Name: _____

Person to Say Blessing (Clergy): _____

Cake Cutting	Yes	No
Garter Throwing	Yes	No
Bouquet Throwing	Yes	No

First Dance (Bride & Groom): _____

Bride & Father Dance Yes No Song: _____

Groom & Mother Dance Yes No Song: _____

Last Dance: _____

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Special Instructions:

Preferred Type of Music for Cocktail Hour or During Meal:

**RETURN THIS FORM AT LEAST SIX WEEKS PRIOR TO YOUR EVENT
YOU MAY FAX IT TO 480-287-8363**

Please make a copy of this form for your records