



Décor Client Registration Form

Bride Name: _____
Groom Name: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____
E-mail of Bride: _____
E-mail of Groom: _____
Mailing Address: _____

Wedding Info:

Wedding date: _____
Wedding ceremony venue: _____
Wedding reception venue: _____
Ceremony start time: _____ Reception start time: _____
Rehearsal date: _____ Rehearsal start time: _____
Number of expected guests: _____

Style of Wedding:

What style of wedding do you envision (for example: traditional, simple, themed). In your own words, please describe what your perfect wedding day ceremony and reception would entail.

Wedding Color Scheme:

Total number of bridesmaids _____ Total number of groomsmen: _____
Flower Girl: _____ Ring Bearer: _____

Other Services Needed:

| | | | | |
|-------------|-------------|---------------|---------|-------------|
| Planning | Flowers | Transporation | Linens | Candalabras |
| Decorations | Photography | Cake | Arch | Fountains |
| Invitations | Catering | Chair Covers | Columns | China |