

CEREMONY INFORMATION — Please complete this form as fully as possible with the plans, however tentative, you have made to date.

Today's date:



THE CEREMONY



Date 201__ _____ Time _____

Address:

City and County:

Facility phone:

Rain address:

City and County:

Rain phone:

Number of guests:

THE RECEPTION

Date 201__ _____ Time _____

Place:

Facility phone:

Rain address:

Rain phone:

Number of guests:

THE REHEARSAL

Date 201__ _____ Time _____

Place:

Facility phone:

Rain address:

Rain phone:

THE REHEARSAL DINNER

Date 201__ _____ Time _____

Place:

Phone:

INITIAL CONSULTATION

Date 201__ _____ Time _____

Place:

Phone:

MINISTER'S NOTES

Y N	Alb/stole/shawl	Welcome "God"	Reading	Lic#
Y N	Programs	Declaration Child/ren	Ring Words	
M C N	Chalice	Fam Bless	Unity Candle	Lic Date
Y C N	Min Table	Flowers/Parents	Pronounce	
T C S	Seating	Guests Bless	Ben Min All	Lic Co.
S B V	Vows	Address 1 2 3 4 5	IntroReptn	
0 1 2	Rings			
A N 0	Wine C M			

F M SF SM F M SF SM

Please list musicians/sound engineer, photographer, florist, facility contact, etc on the reverse side.

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