



PRE-CONSULTATION QUESTIONNAIRE

We look forward to meeting with you. To make the most of our time together, please take a moment to fill out this form.

110 Capital Street, Suite A103, Yankton, 689-3010

Name _____

Wedding Date _____

Phone # _____

Alternative # _____

Email Address _____

Ceremony

Ceremony Site _____

Ceremony Time _____

Delivery Time _____

Street Address _____

Contact Person _____

City _____

State _____

Zip _____

Phone # _____

Reception

Reception Site _____

Reception Time _____

Delivery Time _____

Street Address _____

Contact Person _____

City _____

State _____

Zip _____

Phone# _____

of tables requiring centerpieces _____

Bridal Party

of Bridesmaids _____

of Groomsmen _____

of Flower Girls _____

of Junior Bridesmaids _____

of Ring Bearers _____

of Ushers _____

of Mothers _____

of Grandmothers _____

of Fathers _____

of Grandfathers _____

Other corsages needed _____

Other Boutonnieres Needed _____

Please describe the color and style of the bridal gown: _____

Please describe the color and style of the bridesmaid gown(s): _____

Please describe the vision or concept for your wedding. Is there a certain style or color that you would like to focus on and have carried throughout your event? Any information and pictures are helpful for us to design the wedding of your dreams: _____
