

PREFERRED EVENTS

YOUR WEDDING DAY

Clients Names _____ Date of Event _____

Parents of the Bride _____

Parents of the Groom _____

Ushers

Bridesmaids

Best Man & Maid / Honor _____

Flower Girl & Ring Bearer _____

Bride & Groom _____

First Dance _____

Good Luck Dance _____

Toast _____

Cake Cutting _____

Dance with Father Y/N _____

Dance with Mother Y/N _____

Bouquet Toss Y/N _____

Take Garter Off Y/N _____

Garter Toss Y/N _____

Put Garter On Y/N _____

Center Piece Giveaway Y/N _____

Do's & Don'ts

www.PEbyJT.com

All forms must be completed and returned 1 MONTH prior to date of affair.

To submit form : Email to Joseph@PEbyJT.com