

1700 42nd St S, Ste 1000 Fargo, ND 58103 www.vowsinparadise.com

## Client Booking Form

Legal Name of Bride							
(As does/will appear on passport)	First	Middle		Last			
Legal Name of Groom							
(As does/will appear on passport)	First	Middle		Last			
Date of Birth of Bride	Date of Birth of Groom						
Mailing Address							
Exact Billing Address							
Phone Contact Bride		Phone C	Contact Gro	oom _			
Preferred Wedding Dat	e:						
1 <sup>st</sup> Choice		2 <sup>nd</sup> Choice					
11 am/12 noon/1pm/2pm/3pm	/4pm/5pm		11 am/1	2 noon/1p	m/2pm/3p	m/4pm/5pm	
3 <sup>rd</sup> Choice			4 <sup>th</sup> Cho	oice _			
11 am/12 noon/1pm/2pm/3pm	/4pm/5pm		11 am/1	2 noon/1p	m/2pm/3p	m/4pm/5pm	
Number of Attendants	for Bridal Party:						
Bridesmaids		Gro	omsmen				
Approximate Number o	of Guests Attending W	edding					
Approximate Budget fo	r Bride and Groom						
Approximate Budget fo	r Guests (per person)	if applicable					
Will children under 18 l	be attending the wedo	ling?		YES	NO	UNSURE	
Preferred Destinations	in Mind (Leave blank i	funcura)					