

As You Like It Weddings

Ceremony Reservation Form

Wedding Date: _____ Wedding Time: _____

Wedding Rehearsal Services: _____ Yes _____ No If yes, Date and Time: _____

P.A. System Rental: _____ Yes _____ No

Wedding Location/Facility: _____

Facility Street Address: _____

Facility City, State, Zip: _____

Facility phone: _____

Couple's Names: _____

Contact Address: _____

Contact City, State, Zip: _____

Email: _____

Primary Phone: _____

Secondary Phone: _____

Special Requests: _____

(male/female minister, incorporating
children, religious/non-religious
ceremony, example of special rituals,
sand ceremony, unity candle, hand ritual,
etc. special theme or colors, so forth)

How Did You Hear About Us? _____

How would you like to be _____

introduced at the end of the _____

ceremony? _____

(eg. Mr. & Mrs. Smith) _____

Please print this form, fill it out, and mail with \$100 non-refundable deposit to:

As You Like It Weddings, 1120 Spruce Ave., Chico, CA 95926