<b>New Bride Form</b>		Date of Appt:			
Please fill ou	<mark>t and return wit</mark> l	pictures and swatches b	efore our appo	<mark>ointment.</mark>	
Bride's Name:	Bride's Email:	Bride's Email:			
Groom's Name:					
Wedding Date:					
Bride's Address:		City:	State:	Zip:	
Phone #s: Home Cell		Cell	Work		
Ceremony Location & Ad			Time:		
Mass ( ) Ceremony ( )					
Reception Location & Ad	ldress:			Time:	
Approx # of Guests:					
Package? YES() NO()	If YES please sp	ecify which package:			
Budget for flower:	· ·	, ,			
BRIDE INFO: Dress Co	Height:				
WEDDING PARTY:	- Pleas	se provide names -			
Maid/Matron of Honor:			Color of Dress:		
Bridesmaids:			Color of D	Color of Dress:	
Jr. Bridesmaids:		Age:	Color of D	Color of Dress:	
Flower Girl:		Age:	Color of Dress:		
Best Man:					
Ushers/Groomsmen:					
Jr. Usher:	Age:	Ring bearer:	Ag	e:	
FAMILY:					
Bride's- Mother: Step Parents:	Father:	Grandmother:	Grandfather:		
<b>Groom's</b> - Mother: Step Parents:	Father:	Grandmother:	Grandfather:		
Any other Participan	ts:				
Photographer:					
Your vision of flowers:					
		(S ( ) WEEKENDS, <u>Time</u>		1 . 0	
Check us out at www.jud	ıysvıllagetlowers.	com or E-mail us at wedd	<u>ıngs@Judysvil</u>	<u>lageflowers.com</u>	