WEDDING PLANNER CONSULTATION FORM

	Appointment Date:	Appointme	nt Time:	
	Client Inf	ormation		
First Name		Last Name		
Phone Number	Email A	Address	Contact Preference	
Ctroat Address	City	State	Zin Codo	
Street Address	City	State	Zip Code	

Wedd	ling Details
What is your wedding date?	What is your wedding venue and city?
What is your estimated guest count?	What is your color palette?
What is your wedding theme or style?	
What is your total wedding budget?	How much is allocated for the wedding planner?
What is your total wedding budget?	How much is allocated for the wedding planne

Wedding Pl	anner Services
Full Wedding Planning	Partial Wedding Planning
Day-of Coordination	Venue Selection
Décor and Design	Other Services
Do you have any special	requests or considerations?

Thank you for taking the time to complete this consultation form. We look forward to discussing your wedding plans further and assisting you in creating an unforgettable celebration!

Signature:

Date: