



REAL WEDDING FORM
1600 Perrineville Road, Suite 2-307
Monroe Township, NJ 08831
Phone: 609-642-6864
Fax: 609-642-8741
meghan@cweddingsmag.com
gary@cweddingsmag.com

Fill out the initial form with all of your booked wedding vendors. Please print clearly.

Couple's Full Name(s): _____

Wedding Date: _____

Ceremony Location: _____

Officiant: _____

Banquet Facility: _____

Outside Caterer (if applicable): _____

Cake Designer: _____

Wedding Planner: _____

Photographer and Contact: _____

Cinematographer: _____

Ceremony Music: _____

Entertainment (Band and/or DJ): _____

Floral Designer: _____

Limousine Service: _____

Bridal Salon & Gown Designer: _____

Veil Designer: _____

Headpiece Designer: _____

Shoes: _____

Formalwear (Groom's Tuxedo): _____

Invitation Designer: _____

Favors: _____

Hair Stylist: _____

Makeup Artist: _____

Jeweler (Engagement Ring & Wedding Bands): _____

Honeymoon Location(s): _____

Any other vendors used: _____

Contact Information (for our records only)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

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