

Event Date-

Client-

VENDOR TEAM

Event Planner/Coordinator: _____
Contact Name & Phone: _____

Caterer: _____
Contact Name & Phone: _____

Photographer: _____
Contact Name & Phone: _____

Videographer: _____
Contact Name & Phone: _____

Florist: _____
Contact Name & Phone: _____

Officiant: _____
Contact Name & Phone: _____

Hair Stylist: _____
Contact Name & Phone: _____

Makeup Artist: _____
Contact Name & Phone: _____

Cake/Dessert: _____
Contact Name & Phone: _____

Transportation: _____
Contact Name & Phone: _____

Ceremony Music: _____
Contact Name & Phone: _____

Cocktail Hour Music : _____
Contact Name & Phone: _____

Reception Music: _____
Contact Name & Phone: _____

Rentals: _____

Sweets: _____

Extras: _____

Extras: _____

Extras: _____