

Wedding Consultation Information Sheet

In order to help us make your wedding a spectacularly memorable event, it is imperative we have some preliminary information regarding your special day and the reception. Please fill in the following information and return to your instructor.

Today's Date: _____

Bride: _____ Groom: _____

Phone: _____ Phone: _____

Reception Date: _____ Reception Location: _____

Dance Floor Size: _____ Audience on (circle one): *1 side 2 sides 3 sides 4 sides*.

First Dance Song Title: _____ Performed by: _____

Original Track Played by DJ _____ or Covered by Local Band: _____

Restrictions due to attire: _____

Mood of the dance desired: (*romantic, fun, energetic, casual, formal etc*) _____

Any moves you really want in the routine: (*Dip the bride, Kiss, Underarm turn, Flip her, Throw her in the air and catch her ;)*)

Previous dance experience: _____

How much time dedicated to this Goal: _____

Additional Notes: _____