

FIVE STAR SOUND AND PRODUCTIONS
539 TRACY RD. AFTON, NY 13730 (607)639-1593

Wedding Planner

GENERAL INFORMATION

Date Of Reception: _____

Bride And Groom's Names: _____

Location of Wedding reception(please provide complete address and phone number)

Start/End Time of Wedding Reception: _____

Expected number of Guests: _____ Expected guest arrival time at reception: _____

Is the event outdoors? _____ If so, will there be shelter for DJ equipment? _____

Will there be disposable cameras? YES No If so, where to leave them: _____

Wedding Co-Ordinator: _____ Photographer _____

Hall Contact person: _____ Caterer: _____

SCHEDULE OF EVENTS

PLEASE NOTE: This is the "standard" way we conduct activities at a reception. If you want to change the order, please re-number the order of events on the blank lines next to the current number, Please write "N" on the line if you do not want that particular activity. If there is something you want to d that is not listed, please add it to the " Other-Activity" line, along with the order number, and any information about the activity.

1. ___ Pre-Arrival of Bridal Party:

Type of music to be plated as guests arrive or for cocktail hour? _____

Any special announcements or instructions? _____

2. ___ Grand Entrance/Introduction of the Bridal Party:

* Please complete the attached "Bridal Party Information" document.

* Any particular song for the Bridal party introduction? _____

* Any particular song for the Bride/Groom introduction? _____

3. ___Bride and Groom's First Dance:

* Song Title and Artist: _____

4. ___Toasts:

* Will there be champagne? YES NO If not, what? _____

* if yes, please indicate who is included for champagne: Bridal Party Only All Guests

* Who will perform toasts? (please circle all that apply) Best Man Maid/Matron of Honor

Others (please identify): _____

5. ___Blessing of the Food:

* Name of Person giving blessing (please indicate any titles, e.g., Pastor, Reverend, etc.)

6. ___Dinner:

* What time is dinner scheduled for (if applicable) _____

* Type of Dinner Service (Please circle one):

Buffet Sit-Down(served to guests at table) Hors D'oeuvres Food stations Bar-B-Que

* Head table type (please circle one) Entire Bridal Party Bride/Groom only

* Seating (if entire Bridal party is at head table; please circle one)

All men one side and women on the other Alternating man, woman; man, woman

*Will the Bridal Party be served? YES NO

*Will the family tables be served? YES NO

*Will the immediate family eat just after the Bridal Party? YES NO

*Will the DJ call tables? YES NO (if "YES", numbered tables are extremely helpful)

*Beverage service (please circle all that apply): Open Bar Free Wine Free Beer Cash Bar

Other (please specify): _____

*Type of dinner music: _____

*Are dinner-appropriate requests from guests OK? YES NO

7. ___ Centerpieces:

*Will table centerpieces be given away? YES NO

*If "YES", how and When? _____

8. ___ Special Announcements:

* Birthday or Anniversaries: _____

9. ___ Father/Daughter Dance:

*Song title and Artist: _____

*Fade song early? YES NO

*Combine with Mother/Son Dance? YES NO

10. ___ Mother/Son Dance(please complete if not being combined with Father/Daughter Dance):

* Song Title and Artist: _____

*Fade song early? YES NO

11. ___ Bridal Party Dance:

*Song Title and Artist: _____

*Invite guests to join in? YES NO

*If "YES", please identify when (please circle one) Immediately After a minute

12. ___ Other Special Dances:

*Name/Type of Special Dance(s): _____

*song Title and Artist: _____

13. ___ Dance Set:

*We play 2-3 up-tempo songs to get your guests up and moving!

14. ___ Cake Cutting:

*Style(please circle one): Fun and upbeat A little more formal

15. ___ Dance Set: (optional 2-3 songs if you want a break between the Cake and Bouquet/Garter)

16. ___ Bouquet Toss/Garter Removal/Garter Toss/Re-Fitting of the Garter:

*Would you like to add an age restriction? YES NO Age: _____

*Bouquet Toss song: _____ (if blank, we will pick it)

*Garter Removal song: _____ (if blank, we will pick it)

*Garter Toss song: _____ (if blank, we will pick it)

*Garter Re-fitting song: _____ (if blank, we will pick it)

17. ___ Dancing:

*Is it OK to take requests? (please circle one) YES NO

*Any special instructions regarding guests requests? _____

*Participation Dances: please put a check mark next to the ones you want to do, and an "X"

Next to the ones you DO NOT want to do. **BUT PLEASE KEEP IN MIND:** These dances get

Your guests involved so they have a good time.

___ Chicken Dance ___ Hokey Pokey ___ Macarena ___ Limbo
___ Boot Scoot ___ Electric Slide ___ Cha-Cha Slide ___ Booty Call
___ YMCA ___ "Conga Line" Song (Conga, Ride The Train, Locomotion, etc)

18. ___ Last Dance:

*Please list the Song and Artist: _____

*(Please circle Last Dance participants) Just the Two of you You and your guests

*Other instructions: Is there anything else that you would like us to do to handle, that has not
Been addressed in this planner? If so, please use this area(or a separate sheet)to let us know

___ **Other Activity:** _____

(On the back of this page or a separate sheet, please provide any necessary information on what you want to happen.)

Song Requests: If you like, please provide (on the back of this page or a separate sheet) any special requests that you have for songs, both during dinner and during the "Party" portion of the reception. Equally as important, please provide any songs that you **DO NOT WANT US TO PLAY**.