

Taste Wedding Planning Checklist

Client Name : _____

Cell: _____ Ph: _____ Email: _____

Guest Count: _____ **Client:** New Existing • **Payment:** CC or Check • **Receipt:** Bring Mail Fax Email

Pick Up or Delivery Address: _____ Suite: _____

City: _____ Contact: _____ Phone: _____

Day: M T W Th F Sat Sun ~ **Date:** _____ **2015 Time Served:** _____ - _____

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____