

A SPOTLIGHT VIDEO & PHOTOGRAPHY SERVICE

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Wedding Date: _____

WHERE BRIDE WILL PREPARE: HOUSE _____ HOTEL _____ CHURCH _____ SYN. _____ OTHER: _____
ADDRESS: _____ TIME: _____ PHONE: _____
DIRECTIONS: _____

PLACE OF CEREMONY: _____ TIME: _____
ADDRESS: _____ PHONE: _____
NAME OF PRESIDING PRIEST, RABBI OR MINISTER: _____
DIRECTIONS: _____

APPROXIMATE TRAVEL TIME TO CEREMONY(FROM WHERE WILL BRIDE PREPARE): _____

OUTDOOR COVERAGE: (AFTER CEREMONY) YES ___ NO ___ APPROXIMATE TIME: _____
DIRECTIONS: _____

APPROXIMATE TRAVEL TIME TO OUTDOOR LOCATION: _____

PLACE OF RECEPTION: _____ TIME: _____
ADDRESS: _____ PHONE: _____
DIRECTIONS: _____

RECEPTION ENDS AT: _____

SPECIAL INSTRUCTIONS (PLEASE USE BACK OF THIS SHEET IF MORE ROOM IS NEEDED): _____

***PLEASE NOTE: THE MOST IMPORTANT PHOTO SESSION IS AFTER THE CEREMONY.
PLEASE HAVE EVERYONE INVOLVED PROCEED TO THE ALTAR AREA, SO NO ONE IS MISSED.***

BRIDE:	GROOM:
MOTHER:	MOTHER:
FATHER:	FATHER:
STEPMOTHER OR GUEST:	STEPMOTHER OR GUEST:
STEPFATHER OR GUEST:	STEPFATHER OR GUEST:
GRANDPARENTS:	GRANDPARENTS:
SISTERS:	SISTERS:
BROTHERS:	BROTHERS:
OTHER RELATIVES:	OTHER RELATIVES:

PLEASE USE BACK OF THIS SHEET IF MORE ROOM IS NEEDED

***PHONE NUMBER WHERE BRIDE CAN BE REACHED WEEK OF WEDDING:** _____

PLEASE RETURN THIS CHECKLIST ALONG WITH YOUR 2ND PAYMENT APPROXIMATELY 2 MONTH BEFORE WEDDING.