



DayOne *productions*

Wedding Date: _____ (Day) _____ DJ: _____

Groom's Name: _____

Bride's Name: _____

Wedding Ceremony Facility (Optional): _____

Ceremony Address: _____
Street City Zip

Phone Number: _____

Wedding Reception Facility: _____

Reception Address: _____
Street City Zip

Phone Number: _____

Number of Guests: _____

Photo Booth: Yes or No Memory Book: Yes or No Photo Strip Logo Design #: _____

Up-Lighting: Yes or No One or Two Sets? _____ Color: _____

Projection Screen: Yes or No Ceremony Music: Yes or No

Ceremony Start Time (Optional): _____

Reception Start Time: _____