

**Wedding Request Form**

The Wedding K.I.S.S.

1497 Overland Dr

Spring Hill, FL 34608

**Phone 727-934-5236**

Please Print

**Spouse's Information**

Name \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Eve Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**Spouse's Information**

Name \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Eve Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**Wedding Information**

Date Desired \_\_\_\_\_ Time of day desired \_\_\_\_\_ Location Desired \_\_\_\_\_

Package Desired \_\_\_\_\_ Decorations Desired \_\_\_\_\_

A La Carte Items Desired 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_  
4.) \_\_\_\_\_ 5.) \_\_\_\_\_ 6.) \_\_\_\_\_

Specials Instructions or comments \_\_\_\_\_  
\_\_\_\_\_

**Payment Information**

Package Price \$ \_\_\_\_\_  
A la Carte \$ \_\_\_\_\_  
Taxes 6.5% \$ \_\_\_\_\_  
Travel Charges \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_  
Less Deposit \$ \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_

**Important**

Payment Information to be filled out and confirmed  
by signature by a Wedding K.I.S.S. representative.

\_\_\_\_\_  
Signature of representative

This form is to request services performed by The Wedding K.I.S.S. Once all information is agreed upon and confirmed by all parties and deposits are received this will secure your wedding day and binds this as a contract.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse