

Wedding Reception Form

BOB MITCHELL
PROFESSIONAL DISC JOCKEY

Please return this form to BOB MITCHELL at least three weeks before the date of the wedding.

Date and place of the wedding reception: _____

Parents of the Bride: _____

Parents of the Groom: _____

Flower Girl and Ringbearer: _____

Bridesmaids and Ushers: _____ escorted by _____

_____ escorted by _____

_____ escorted by _____

_____ escorted by _____

_____ escorted by _____

Maid / Matron of Honor and Best Man: _____

Bride and Groom: _____

Grandparents who you would like announced or acknowledged: _____

Bride and Groom's First Dance: _____

Please check any of the following ceremonies that you would like to have at your reception:

Blessing _____ Name of person giving the blessing: _____

Toast by Best Man _____ Bride's dance with her Father (song) _____

Toast by Maid Of Honor _____ Groom's dance with his Mother (song) _____

Throwing of Bouquet _____ Throwing of Garter _____ Cake Cutting _____ Dollar Dance _____

Please return to: BOB MITCHELL, 172 Main Street, So. Glens Falls, N. Y. 12803, 518-798-1952.

BRIDE and GROOM'S First Names: _____