

Levan's Catering Wedding Contact Sheet

(Please complete this form to the best of your ability and return to us as soon as possible)

Personal Information

Wedding Date: _____

Reception Location: _____

Number of Expected Guests: _____

The Bride

Last Name: _____

First Name: _____

The Groom

Last Name: _____

First Name: _____

Home Address (The the grooms address blank if they are the same)

Street: _____

Apt#: _____

City : _____

State: _____

Zip: : _____

Street: _____

Apt#: _____

City : _____

State: _____

Zip: : _____

Home Phone : _____

Cellular Phone : _____

Work Phone : _____

Fax : _____

E-mail : _____

Home Phone : _____

Cellular Phone : _____

Work Phone : _____

Fax : _____

E-mail : _____

Additional Contact Person:

Name : _____

Address : _____

Phone : _____

Name : _____

Address : _____

Phone : _____