

WEDDING VIDEO QUESTIONNAIRE

DATE RECEIVED ___/___/___

PLEASE PRINT CLEARLY
BLACK PEN ONLY

Name 1: _____ Wedding Date: _____

Name 2: _____ Wedding Time: _____

Pre-wedding events

Are we capturing video at the salon? Yes or No **If yes:** Please fill out the following:

Salon Address: _____

Salon Phone: _____ Appointment Time: _____

Are we capturing the wedding party getting dressed? **If yes:** Please fill out the following:

Groom/Groomsmen: Yes or No Time: _____

Address: _____ Phone: _____

Bride/Bridesmaids: Yes or No Time: _____

Address: _____ Phone: _____

Wedding events

Church/Ceremony: Yes or No Are you having a: Full Mass or Ceremony

Address: _____ Time: _____

Reception: Yes or No

Address: _____

Cocktail Hour Time: _____ Reception Time: _____

Photo Session: Yes or No

Name of Venue: _____ Time: _____

Address: _____

Video Format

Would you like your completed video in:

Short form (approx. 45 min) or Full version (approx. 1:45 hrs)

Bride & Groom Copy High Definition or Standard Definition

Two Extra Copies High Definition or Standard Definition

New Address & Phone (After Wedding)

Address _____ City, State _____ Zip _____

Email _____ Phone _____

Special notes and instructions _____

