

10clay Entertainment

Date of Event: _____ Time of Event: _____
 Place of Event: _____ Room: _____

Wedding Reception Planner

The following is a suggested order of events. To change the order, just put a number in the corresponding box next to the event that you would like to change. If no changes are requested, simply check-off the events in which you would like to have. Leave the box "blank" to skip it. If you have any questions or would like any assistance with anything, please call us at 608-782-8000.

- | | |
|--|---|
| <input type="checkbox"/> Cocktail Music: Start Time: _____ | Finish Time: _____ |
| <input type="checkbox"/> Dinner Music: Start Time: _____ | Finish Time: _____ |
| <input type="checkbox"/> Blessing of Food: _____ | <input type="checkbox"/> Dinner (Please check one): <input type="checkbox"/> Buffet <input type="checkbox"/> Sit-Down |
| <input type="checkbox"/> Toast to Bride & Groom: _____ | |
| <input type="checkbox"/> Open Microphone for other Guests | |
| <input type="checkbox"/> Cutting of the Cake: | |
| <input type="checkbox"/> (Check only if you have a particular request) Song Title: _____ | |
| <input type="checkbox"/> Special Announcements (Birthday, Anniversary, Etc.): _____ | |
| <input type="checkbox"/> Wedding Party-Grand Entrance | |
| <input type="checkbox"/> (Check only if you have a particular request) Song Title: _____ | |
| <input type="checkbox"/> Brides Parents: _____ | <input type="checkbox"/> Grooms Parents: _____ |
| <input type="checkbox"/> Brides Parents: _____ | <input type="checkbox"/> Grooms Parents: _____ |
| <input type="checkbox"/> Flower Girl: _____ | <input type="checkbox"/> Ring Bearer: _____ |
| <input type="checkbox"/> Flower Girl: _____ | <input type="checkbox"/> Ring Bearer: _____ |
| <input type="checkbox"/> Usher: _____ | <input type="checkbox"/> Usher: _____ |
| <input type="checkbox"/> Usher: _____ | <input type="checkbox"/> Usher: _____ |
| <input type="checkbox"/> Bridesmaid: _____ | <input type="checkbox"/> Groomsman: _____ |
| <input type="checkbox"/> Bridesmaid: _____ | <input type="checkbox"/> Groomsman: _____ |
| <input type="checkbox"/> Bridesmaid: _____ | <input type="checkbox"/> Groomsman: _____ |
| <input type="checkbox"/> Bridesmaid: _____ | <input type="checkbox"/> Groomsman: _____ |
| <input type="checkbox"/> Bridesmaid: _____ | <input type="checkbox"/> Groomsman: _____ |
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| <input type="checkbox"/> Bridesmaid: _____ | <input type="checkbox"/> Groomsman: _____ |
| <input type="checkbox"/> Bridesmaid: _____ | <input type="checkbox"/> Groomsman: _____ |
| <input type="checkbox"/> Bridesmaid: _____ | <input type="checkbox"/> Groomsman: _____ |
| <input type="checkbox"/> Bridesmaid: _____ | <input type="checkbox"/> Groomsman: _____ |
| <input type="checkbox"/> Maid of Honor: _____ | <input type="checkbox"/> Best Man: _____ |

Mr. & Mrs. _____

- First Dance (Spotlight Dance):
 (Check only if you have a particular request) Song Title: _____
- Father-Bride Dance:
 (Check only if you have a particular request) Song Title: _____
- Mother-Groom Dance:
 (Check only if you have a particular request) Song Title: _____
- Other Special Dances (Please explain): _____
 (Check only if you have a particular request) Song Title: _____
- Wedding Party Dance:
 (Check only if you have a particular request) Song Title: _____
- Garter Toss:
 (Check only if you have a particular request) Song Title: _____
- Bouquet Toss:
 (Check only if you have a particular request) Song Title: _____
- Dollar/Money Dance:
 (Check only if you have a particular request) Song Title: _____

Please check-off only the special dances that you do not want played at your event:

- | | | | | |
|-----------------------------------|---|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Macarena | <input type="checkbox"/> Electric Slide | <input type="checkbox"/> Casper Slide | <input type="checkbox"/> Hokie Pokie | <input type="checkbox"/> Chicken Dance |
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Cupid Shuffle | <input type="checkbox"/> Other: _____ | | |