

# WEDDING ENQUIRY OR TENTATIVE BOOKING FORM (Please circle)

DATE SENT: \_\_\_\_\_ EVENT NUMBER: \_\_\_\_\_ (office use)

EVENT TYPE:  Charleston Soiree  Petite Vintage Belle  Glamour Daze  
 Vintage Bell  European Vogue  Oriental Lily  Spice Bazaar  
 Vanity Fair  Ceremony

PREFERRED DATE: \_\_\_\_\_ OTHER: \_\_\_\_\_

NUMBERS: \_\_\_\_\_ ROOM: \_\_\_\_\_

BRIDES NAME: \_\_\_\_\_

GROOMS NAME: \_\_\_\_\_

PREFERRED CONTACT: \_\_\_\_\_

PRIVATE ADDRESS: \_\_\_\_\_

\_\_\_\_\_ P/CODE: \_\_\_\_\_

PH:(H) \_\_\_\_\_ (W) \_\_\_\_\_

(MOB): \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TIMES REQUIRED: \_\_\_\_\_

SET UP REQUIRED: \_\_\_\_\_

CATERING: \_\_\_\_\_

MENU/PACKAGE SENT: \_\_\_\_\_

COMMENTS/QUOTE: \_\_\_\_\_

How did you find us?: \_\_\_\_\_

Do you give The Centre Ivanhoe permission to keep your details on file so we can update you with any changes that may take place or for future marketing purposes?  
Yes/No (Please Circle)



THE CENTRE IVANHOE