



WEDDING BOOKING FORM

ORGANIZER'S NAME: _____

BRIDE AND GROOM NAMES: _____

MAILING ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

PREFERED CONTACT METHOD: _____

WEDDING DATE: _____

OF GUESTS: _____ **# OF WEDDING PARTY** _____

CEREMONY OR RECEPTION: _____ **DJ (Y/N):** _____

FOOD & BEVERAGE REQUIREMENT: _____

AUDIO/VISUAL REQUIREMENT: _____

OF GUESTROOMS NEEDED: _____

METHOD OF PAYMENT: _____

Please Print and complete this form and then either fax or email it to us:

Fax: 780-425-1783

Email: catering@hiexedmonton.com

COMMENTS OR INSTRUCTIONS:
