

Sodus Bay Lighthouse Wedding Contact Information Form

Basic Information	
Ceremony Date:	
Ceremony Time:	
Approximate Number of Guests:	
Rehearsal Date:	
Rehearsal Time:	

Wedding Couple Information	
<input type="checkbox"/> Bride or <input type="checkbox"/> Groom #1	
Name	
E-mail Address:	
Postal Mailing Address:	
City:	
State:	
ZIP Code:	
Phone Number:	
Alternate Phone Number:	

Wedding Couple Information	
<input type="checkbox"/> Bride or <input type="checkbox"/> Groom #2	
Name	
E-mail Address:	
Postal Mailing Address:	
City:	
State:	
ZIP Code:	
Phone Number:	
Alternate Phone Number:	

Contact Person Information

*Complete this section if contact person is someone other than wedding couple
(e.g., parent, wedding planner)*

Name:	
E-mail Address:	
Postal Mailing Address:	
City:	
State:	
ZIP Code:	
Phone Number:	
Alternate Phone Number:	
Relationship to Couple:	

Additional Information:	
--------------------------------	--