



PRE-CONSULTATION QUESTIONNAIRE

We look forward to meeting with you. To make the most of our time together, please take a moment to fill out this form.

401 E. 8TH STREET, SUITE 115, SIOUX FALLS | 338-9290 | WWW.JOSEPHINESFLORAL.COM

Name

Wedding Date

Phone # Alternative #

Email Address

Ceremony

Ceremony Site

Ceremony Time Delivery Time

Street Address

Contact Person

City State ZIP

Phone #

Reception

Reception Site

Reception Time Delivery Time

Street Address

Contact Person

City State ZIP

Phone # # of Tables Requiring Centerpieces

Bridal Party

of Bridesmaids

of Groomsmen

of Flower Girls # of Junior Bridesmaids

of Ring Bearers # of Ushers

of Mothers # of Grandmothers

of Fathers # of Grandfathers

Other Corsages Needed

Other Boutonnieres Needed

Please describe the color and style of the bridal gown.

Please describe the color and style of the bridesmaid gown(s).

Please describe the vision or concept for your wedding. Is there a certain style or color that you would like to focus on and have carried throughout your event? Any information is helpful.