

florals & décor

Florist: _____ Phone: _____

Address: _____

Salesperson: _____

Delivery Date / Time / Place: _____

Description (Bouquet Style, Colors, Flower Types): _____

Floral & Décor Checklist

Item	Quantity	Price
<input type="checkbox"/> Bride's Bouquet	_____	_____
<input type="checkbox"/> Bridesmaid Bouquet(s)	_____	_____
<input type="checkbox"/> Miniature/Jr. Bridesmaid Bouquet(s)	_____	_____
<input type="checkbox"/> Flowers in Bride's Hair	_____	_____
<input type="checkbox"/> Flower Girl Petals, Miniature Bouquet, Pomander Ball, or Flower Baskets	_____	_____
<input type="checkbox"/> Corsages (Pin-on, Wrist, or Hand-tied posy; Mothers, Grandmothers, Personal Attendant, Honored Guests)	_____	_____
<input type="checkbox"/> Boutonnieres (Groom, Groomsmen, Ushers, Fathers, Grandfathers, Ringbearer, Godparents, Honored Guests)	_____	_____
<input type="checkbox"/> Ceremony Entrance	_____	_____
<input type="checkbox"/> Aisle Decorations	_____	_____
<input type="checkbox"/> Altar Arrangements	_____	_____
<input type="checkbox"/> Flowers for Unity Candle	_____	_____
<input type="checkbox"/> Memorial Flowers (to honor deceased relatives)	_____	_____
<input type="checkbox"/> Presentation Flowers (Catholic ceremony)	_____	_____
<input type="checkbox"/> Reception Entrance	_____	_____

Floral & Décor Checklist continued

Item	Quantity	Price
<input type="checkbox"/> Guest Book Table	_____	_____
<input type="checkbox"/> Place Card Table	_____	_____
<input type="checkbox"/> High Top Cocktail Tables	_____	_____
<input type="checkbox"/> Hors D'oeuvres Area	_____	_____
<input type="checkbox"/> Head Table (or Sweetheart Table) Décor	_____	_____
<input type="checkbox"/> Dining Table Centerpieces	_____	_____
<input type="checkbox"/> Buffet Line Decor	_____	_____
<input type="checkbox"/> Cake Top/Table (on or around)	_____	_____
<input type="checkbox"/> Reception Ceiling	_____	_____
<input type="checkbox"/> Around Dance Floor	_____	_____
<input type="checkbox"/> Toss Bouquet	_____	_____
<input type="checkbox"/> Bar Décor	_____	_____
<input type="checkbox"/> Bathroom Décor	_____	_____
<input type="checkbox"/> Lounges	_____	_____
<input type="checkbox"/> Bridal Suite	_____	_____
<input type="checkbox"/> Vehicle	_____	_____

Other Décor

- Ice Sculpture Other

Professional: _____ Phone: _____

Address: _____

Delivery Date / Time / Place: _____

Description and Costs: _____
