

Perfectly Planned by Galina Booking Form

CLIENT INFORMATION:

Full Name:

Phone Number:

Email Address:

Mailing Address:

EVENT INFORMATION:

Details:

Type: _____

No. of Guest _____

Date: _____

Time: _____

Location: _____

Services Requested:

- Full-Service Wedding Planning
- Month-Of Coordination
- Custom Decor Design
- Vendor Recommendations
- Budget Management

Special Requests or Additional Information:

HOW DID YOU HEAR ABOUT US?

- Online Search
- Social Media
- Referral
- Wedding Show
- Other (Please specify):

CONSULTATION:

Date: _____

Time: _____

Additional Comments or Questions:

PREFERRED METHOD OF CONTACT:

- Email Phone

Please attach any inspiration images or documents if available.

Your Fullname and Signature