



Loughridge

Reservation Form for Weddings and Receptions

Today's Date _____

Name of Bride/Groom _____

(Bride)

(Groom)

Contact Name (If other than Bride) _____ Phone _____

Address _____

City _____ State _____ Zip _____

Main Phone # _____ Secondary Phone # _____

E-mail _____

Will you be using a wedding planner: No ___ Yes ___ If yes, who: _____

How did you hear about Loughridge? _____

Wedding:		Notes: _____ _____ _____ _____ _____
Day/Date of Wedding _____	Time of Ceremony _____	
Number of Guests _____	Reservation Time _____	
Reception:	Temple CC <input type="checkbox"/> or Lodge <input type="checkbox"/>	
Day/Date of Reception _____		
Number of Guests _____	Reservation Time _____	
Rehearsal:		
Day/Date of Rehearsal _____	Time of Rehearsal _____	

- Kirkland Chapel Only _____
- Temple Conference Center Only _____
- Lodge Only _____
- Wildflower Package (TCC) _____
- Stargazer Package (TCC) _____
- Rose Package (TCC) _____
- Daisy Package(Lodge) _____
- Gardenia Package (Lodge) _____
- Peony Package (Lodge) _____
- Outdoor W&R _____
- Rehearsal Dinner at Lodge _____
- Alcohol surcharge _____
- After hours fee _____
- Additional time (____ hrs) _____
- Other: _____

Total due: _____
 50%Payment Deposit: _____ Deposit Due: __/__/__
 25%Payment Deposit: _____
 Balance Due: _____ Bal. Due Date: __/__/__

Final Balance Paid Amt: _____ **Date PD** _____
 Check # _____ VISA _____ MC _____ Other _____

For Office Use Only:	
<input type="checkbox"/> 50% Deposit (More than 6 mo prior)	_____
<input type="checkbox"/> 25% Deposit (6 mo-90 days prior)	_____
<input type="checkbox"/> Visa _____ MC _____	Check# _____
<input type="checkbox"/> Security needed	YES _____ NO _____
<input type="checkbox"/> Catering Event	YES _____

TOTAL DUE:

Reservation Taken BY: _____