

- Timeline -

The Event

Rehearsal

Date ___/___/___ Time: ___ : ___ End Time: ___ : ___

Location: _____ (____) ____ - ____
(Address) (City-State) Zip) (Contact Info)

(Point of contact for day of event) _____ (____) ____ - ____

Ceremony

Date ___/___/___ Time: ___ : ___ End Time: ___ : ___

Location: _____ (____) ____ - ____
(Address) (City-State) Zip) (Contact Info)

(Wi-Fi Password at Venue) _____

(Point of contact for day of event) _____ (____) ____ - ____

Reception

Date ___/___/___ Time: ___ : ___ End Time: ___ : ___

Location: _____ (____) ____ - ____
(Address) (City-State) Zip) (Contact Info)

(Wi-Fi Password at Venue) _____

(Point of contact for day of event) _____ (____) ____ - ____

Event Times

Event Time __:__ - __:__ (am) (pm)

Pre Ceremony __:__ (am) (pm) – __:__ (am) (pm)

Breakfast __:__ am

Shave & Style __:__ (am) (pm)

Setup __:__ (am) (pm)

(PHOTOS)

Getting Ready __:__ (am) (pm)

Dress on __:__ (am) (pm)

First Look __:__ (am) (pm)

WP Photos __:__ (am) (pm)

Bride & Groom __:__ (am) (pm)

Waiting/Eating __:__ (am) (pm) (optional if not offering food to guests)

Ceremony __:__ (am) (pm)

Ceremony Music: _____

WP Entrance __:__ (am) (pm)

Contact: ____ - ____ - _____

Processional __:__ (am) (pm)

Special Performance __:__ (am) (pm) (Bring _____) (Optional)

Recessional __:__ (am) (pm)

Cocktail __:__ (am) (pm)

(PHOTOS)

Family Photos: __:__ (am) (pm)

Reception

WP Entrance __:__ (am) (pm) From: _____ (ex: Double Doors)

Eating __:__ (am) (pm) (If offering food to guests)

First Dance __:__ (am) (pm)

Toasts __:__ (am) (pm)

- Whom? _____ -BM / _____ -MOH) & (B/G)

Cake Cutting __:__ (am) (pm) (Bring Utensils)

Garter Toss __:__ (am) (pm)

Bouquet Toss __:__ (am) (pm)

Dollar Dance __:__ (am) (pm)

Shoe Game __:__ (am) (pm)

Open Floor __:__ (am) (pm)

Event Details

Guest Count _____
Officiate: _____ Contact: (____) ____ - ____
Head Table # of People: _____
Head Table # of Tables: _____
Guest Tables #: _____
Chairs per Table #: _____
Curtains: __ (Open) __ (Closed)
Linen Color: _____
Overlay: _____
Altar (White/Wood): _____
Stairs: _____
High-tops: # _____ (ex: Remembrance Table)
Additional Bar (SS/Wood): _____
of Bartenders: _____

Vender Information

Florist: _____
Contact: (____) ____ - ____ web: _____
Photographer: _____
Contact: (____) ____ - ____ web: _____
Liquor: _____
Contact: (____) ____ - ____ web: _____
DJ: _____
Contact: (____) ____ - ____ web: _____
Band: _____
Contact: (____) ____ - ____ web: _____
Cake: _____
Contact: (____) ____ - ____ web: _____
Catering: _____
Contact: (____) ____ - ____ web: _____
Videographer: _____
Contact: (____) ____ - ____ web: _____
Photo Booth: _____
Contact: (____) ____ - ____ web: _____
Make Up/Hair: _____
Contact: (____) ____ - ____ web: _____

Decoration

Lighting: _____

Centerpieces: _____

Misc: _____

Cost: \$_____.____

Wedding Night/Vacation

Who: _____

Where: _____

Contact: (____) ____ - ____ web: _____

When: ____ / ____ / ____ Time: ____ : ____ (am) (pm)

Ticket #: _____

Airline: _____

Cost: \$_____.____

Transportation

Company Info: _____

From: _____ To: _____

When: ____ / ____ / ____

Cost: \$_____.____

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