CHCADMIN305D Work within the administration protocols of the Organisation - Assessment

## **Booking Form**

Client Number		Date of Ceren		
Type of Ceremony	Marriage	Time of Ceren Renewal of Vows	nony	Commitment Ceremony
	Naming	House Blessing		Other
1. <u>Client Details</u> Bride's Full Na	me			
Prefers				
Bride's Addres	s			
Groom's Full N	 lame			
Prefers				
Groom's Addro	ess			
2. <u>Contact Numb</u> Bride - Home	oers	 Bride – Mo	obile	
Bride's Email				
Groom – Hom	e	 Groom – N	1obile	
Groom's Email				
3. <u>Ceremony Det</u> Date of Cerem		Venue		
Venue Addres	s			
Start Time		 Finish Time	e (est)	
Comments				

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PAGES			

4.	Witnesses Details Witness 1's Full Name	
	Relationship to couple	
	Witness 1 Contact Number	
	Witness 2's Full Name	
	Relationship to couple	
	Witness 2 Contact Number	
5.	<u>Ceremony Details</u> Number of Rings	
	Will Bride be given away?	Yes No
	If yes, who will give away?	
	Relationship to Bride	
	Entertainment?	Yes No
	Details of entertainment?	
	How many Guests?	
6.	Wedding Party Details	
	Names of Bridesmaids	1
		2.
		3.
		4.

		5			
		6.			
6.	Wedding Party Details - cor	<u>nt_</u>			
	Groomsmen				
		2			
		3			
		4			
		5			
		6.			
7.	Interview Details				
	Date			Time	
	Address				
	Common Balath				
	Ceremony Details				
	Continue on page (4)				
8.	Documents for IV	Indicate if Br	id <u>e has c</u> opy	Indicate if Gr	oo <u>m has</u> copy
	Birth Certificate	Yes	No	Yes	No
	Death Certificate (if applic)	Yes	No	Yes	No

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	Divorce Papers	Yes		No	Yes	No No
9.	Price Quoted \$			Deposit Quoted	\$	
	Deposit Due Date			Balance Due Date		
	Payment Options Discussed Cash/Bank Deposit/Bpay/Cheque	Y	'es	No		
	Bank Account Details provided  Acct Name - XYZ		es	No O Acct Number - 00	0000000	

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