

Colella Entertainment

Sam Colella

5161 State Rt. 49 Fulton, NY 13069

VOICE: (315)593-7306

FAX: (315)593-3725

E-MAIL: sammy@colellaentertainment.com

RECEPTION INFORMATION

Name of Bride: _____ Groom: _____

Phone Number: _____

Location of Ceremony & Time: _____

RECEPTION DATE & TIME: _____

RECEPTION LOCATION: _____

(If you are enclosing a map for your guests, please forward one to COLELLA ENTERTAINMENT or provide specific directions.)

Number of Guests: _____ Age Range: _____

Phone Number of Reception Location: _____

Contact Person/Reception Coordinator: _____

Dinner Will Be Served at: _____ (time) **Sit-Down** or **Buffet** (circle one)

Toast: Yes or No? **Who / When:** _____

Blessing: Yes or No? **Who / When:** _____

Name/Phone Number of Photographer: _____

Name/Phone Number of Videographer: _____

Completion of the above information will help Colella Entertainment adequately plan the details of your event. If there are other details that will be pertinent to the scheduling of your reception, please use the space below to provide information. Thank you for your consideration and cooperation.

Disc Jockey Elegance