

Wedding Date: \_\_\_\_\_

Couples Name: \_\_\_\_\_



**BRIDAL CHECKLIST**  
*Cheryl Scott Management*  
25 Breezy Hill Rd, Collinsville, CT 06019  
Voice: 860-693-0891 Fax: 860-693-8270

	Yes	-Check-	No	
Introductions	_____	_____	_____	
1st Dance <i>before</i> or <i>after</i> dinner ( <i>circle</i> )	_____	_____	_____	yes no Bridal Party Join
<b>First dance</b>	_____	_____	_____	<i>Half way thru</i>
<b>Blessing</b>	_____	_____	_____	By Whom
<b>Toast</b>	_____	_____	_____	By Whom
<b>Father and bride dance</b>	_____	_____	_____	yes no Other Father/daughter
<b>Mother and groom dance</b>	_____	_____	_____	yes no Moms/sons join dance
<b>Cake cutting</b>	_____	_____	_____	<i>Half way thru</i>
<b>Garter toss</b>	_____	_____	_____	
<b>Bouquet toss</b>	_____	_____	_____	

Song for the first dance \_\_\_\_\_

Song for father and bride \_\_\_\_\_

Song for mother and groom \_\_\_\_\_

Song for the Cake cutting  
or traditional ("The Bride Cuts The Cake") \_\_\_\_\_

Grandparents of bride \_\_\_\_\_

Grandparents of groom \_\_\_\_\_

Parents of the bride \_\_\_\_\_

Parents of the groom \_\_\_\_\_

**List of the attendants** (*Bridesmaids*)

**Escorted by** (*Ushers*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Flower-Girl  
\_\_\_\_\_

Ring-Bearer  
\_\_\_\_\_

**Maid or Matron of honor**  
(Circle One)  
\_\_\_\_\_

**Best man**  
\_\_\_\_\_

**How the bride and groom wish to be introduced**

\_\_\_\_\_