Due Date: _____________  
Event Date: ______________________________________  Event Title: ________________________________________________

Schedule Times:
- Ceremony:   _________  
- Pictures:   _________  
- Dance:   _________  
- Luncheon/Dinner:  _________  
- Reception:  _________  
- Farewell Send-Off:   _________

Farewell Send-Off Description: _________________________________________________________________________________

Vendor Information:

- **Food Services** (Caterers, Food Trucks, Wedding Cake, etc.)
  - Vendor Name(s): __________________________________________________________
  - Requests/Accommodations: __________________________________________________

- **Entertainment** (Band, DJ, Performers, etc.)
  - Vendor Names (s): _______________________________________________________
  - Requests/Accommodations: ________________________________________________

- **Photography/Video**
  - Vendor Name(s): _________________________________________________________
  - Requests/Accommodations: ________________________________________________

- **Other Vendors** (Chairs, Floral, Lighting, Linens, Photo Booth, Ice Sculpture, etc.)
  - Vendor Name(s): _________________________________________________________
  - Requests/Accommodations: ________________________________________________

*Please ask vendors to tag Springville Museum of Art on their social media pages @ springvillemuseum*