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 Name(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