

# A Wedding Dream In Paradise

12470 Rock Ridge Lane, Fort Myers, FL. 33913  
Office 239-489-4886 or 1-800-846-5683, Fax # 239-489-4224

This is a contract for wedding services to be provided by *A Wedding Dream In Paradise*.

## ***Elegance Package \$1,999 + 6% Administrative Fee + \$75 Saturday***

*Our most popular package, everything you need for a romantic day that will live on forever.  
Providing you with the perfect start to your new life together as husband and wife.*

- ❖ A minister or notary to perform a personalized romantic ceremony for you and your fiancé.
- ❖ Filing of your license after the ceremony.
- ❖ Recorded wedding music can be provided upon request or you may bring a selection of your own.
- ❖ A professional photographer to take 72 finished 4x6 pictures with an album.
- ❖ 20 - 5x7 enlargements of your favorite pictures with a white album.
- ❖ Photo Negatives included on CD
- ❖ Photo-Video on one DVD (a creative display of your photo highlights set to music)
- ❖ A Decorative Arch
- ❖ A large, fresh flower bridal bouquet in the flowers of your choice and a lapel flower for the groom.
- ❖ Unlimited consulting to help you find your wedding location, reception plans, hair, make-up and other needs.
- ❖ All services provided for up to one hour at the ceremony site. Add'l photo or video hours available at \$200/hour.

THE ABOVE SERVICES HAVE BEEN CONTRACTED FOR THE FOLLOWING CLIENTS:

Bride: \_\_\_\_\_ Groom: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Sunset? \_\_\_\_\_ Location: \_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

A NON-REFUNDABLE DEPOSIT OF \$500 IS REQUIRED TO RESERVE YOUR DATE. FINAL PAYMENT IS DUE 30 DAYS PRIOR TO YOUR WEDDING AND IS NON-REFUNDABLE BUT IS TRANSFERABLE TO ANOTHER DATE OR LOCATION FOR THE SAME PACKAGE.

For credit card payment, please provide: \_\_\_\_\_ Circle : Visa or Mastercard

Name on Card \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZED CHARGE OF \$ \_\_\_\_\_ ON THE ABOVE CARD

Print this for your records. Fax 239-489-4224, scan and email [Daylen@floridaweddings.com](mailto:Daylen@floridaweddings.com),  
or mail a copy with payment made out to: *A Wedding Dream in Paradise*.