



The Wellbeing Farm

# FINAL GUEST NUMBERS - WEDDINGS

**Please complete and return this form to arrive no later than 14 days prior to the date of your wedding.**

The number will be the actual numbers used in the calculation of your final account.

**Date of wedding:** .....

**Name(s):** .....

**Name and address / email address of person to receive the final Invoice:** .....

**Telephone Number(s):** .....

## **Day wedding breakfast:**

Total number of guests [please state number] ..... of which [please state number] ..... are **adults** and [please state number] ..... are **children**

Children's meal choice: .....

Do you require a meal for photographers etc?. If so, please state number .....

Please detail dietary requirements (vegetarians, gluten free, other allergies) and disability requirements and how many affected: e.g. 1 adult vegetarian and 1 gluten free child etc...

## **Evening Reception:**

Total number of guests [please state number] .....

Do you require a meal for photographers, band etc? If so, please state number .....

Please detail dietary requirements (vegetarians, gluten free, other allergies) and disability requirements and how many affected: e.g. 1 adult vegetarian and 1 gluten free child etc...

**Signed:** ..... **Date:** .....