

Wedding Checklist and Planner

The dedicated staff here at Hibbing Park Hotel & Suites is committed to doing everything possible to make sure everything runs smoothly on your special day. Use this checklist and planner to help throughout the preparation process. Included are some important items that will enable us to get everything arranged and in order. If you have any questions or concerns, don't hesitate to contact us.

Contact Information

Name of the Bride-to-be: _____

Email Address: _____

Phone Number: _____

Name of the Groom-to-be: _____

Email Address: _____

Phone Number: _____

Wedding Date: _____

Name of Bride's Parents: _____

Email Address: _____

Phone Number: _____

Name of Groom's Parents: _____

Email Address: _____

Phone Number: _____

Colors/Theme for Wedding: _____

Location of Ceremony: _____

Start Time of Ceremony: _____

Start Time of Reception: _____

Food & Beverage

Rehearsal Dinner at Hibbing Park Hotel & Suites? ____ Yes ____ No

Hors d'oeuvres Served During Cocktail Hour: _____

Starter Salad: _____

Main Entrée: ____ Plated ____ Buffet

Entrée Selections: _____

Vegetarian Meals Needed? ____ Yes ____ No If so, how many? _____

Other Special Dietary Needs? ____ Yes ____ No If yes, how many? _____

Children's Meals? ____ Yes ____ No If yes, how many? _____

Wedding Cake/Dessert Table? ____ Yes ____ No If so, what option? _____

Wine Pour with Dinner? ____ Yes ____ No If so, which wine(s)? _____

Anyone in Wedding Party Underage? ____ Yes ____ No If so, who?

Hosted Bar: ____ Yes ____ No

If so, which items hosted: ____ Bottled Beer ____ Call Brands ____ Premium Brands

____ House Wine ____ Cordials ____ Soft Drinks

Other specialty beverages hosted: _____

Time frame for hosted bar: _____

Cash Bar: ____ Yes ____ No If so, what hours? _____

Event Center Set-up

Slide Show During Reception?: ☐ Yes ☐ No What time/frequency? _____

Cocktail Hour? ☐ Yes ☐ No Time Frame: _____ Required Set-up: _____

Gift Table Location: _____

Guestbook Table Location: _____

Place Card Table Location: _____

Punch or Coffee Table Location: _____

Cake/Dessert Table Location: _____

Dance Floor/DJ Equipment Location: _____

Head Table Location: _____ Number of Guests: _____

Guest Tables: ☐ 6/table ☐ 8/table How many tables?

Guest Seating: ☐ Assigned ☐ Reserved ☐ Open Seating

Linen/Napkin Color: _____ Fold Preference: _____

Centerpieces: _____

Additional Decorations: _____

Favors: _____

Welcome Gifts for Overnight Guests? ☐ Yes ☐ No If so, date /time of delivery: _____

Shuttle Service Needs: ☐ Yes ☐ No If so, please describe: _____

Gift Opening Next Morning: ☐ Yes ☐ No If so, please indicate time frame: _____

Security: ☐ Yes ☐ No If yes, in-house? _____

Timeline of Events

Vendor Set-up and/ or Delivery Time(s): _____

Wedding Party Photos (Time & Location): _____

Ceremony (Time & Location): _____

Cake Cut Time: _____

Time Guests Seated for Dinner: _____

Grand March Before Dinner: _____

Prayer or Welcome Before Dinner: _____

Champagne Toast Before or After Dinner: _____

Wine Pour Before or During Dinner: _____

Time to Serve Dinner: _____

Time Dance Starts: _____

Time for Late Night Snack: _____

Time Event Concludes: _____

Vendors

Musician (DJ, Band, etc.)

Name: _____ Phone Number: _____

Set-up Time: _____ Start Time: _____

End Time: _____

Photographer

Name: _____ Phone Number: _____

Special Instructions: _____

Wedding Cake Supplier

Name: _____ Phone Number: _____

Special Instructions: _____

Other Vendors:
