



# REGISTRATION FORM

GROOM'S LAST NAME: .....

TODAY'S DATE: .....

WEDDING DATE/WEAR DATE: .....

LOCATION: { AT THE OLD PIN SHOP } 1900 WATERTOWN AVE. OAKVILLE CT 06779  
CONTACT: PHONE: 860-274-1988 | FAX: 203-286-1071 | EMAIL: WEDDINGEMBASSY@GMAIL.COM  
HOURS: TUES. AND THURS. 12:00 P.M. - 8:00 P.M. | WED. AND FRI. 10:00 A.M. - 6:00 P.M. | SAT. 10:00 A.M. - 3:00 P.M.

Name: ..... Home Phone: .....

Address: ..... Cellphone: .....  
STREET TOWN ZIPCODE

Email: ..... Did you order your bridal/bridemaids gown from WE? .....

PLEASE FILL IN THE NAMES AND PHONE #'S FOR YOUR ATTENDANTS. WE'LL FILL OUT THE REST! IF THE DETAILS OF YOUR ORDER CHANGE (NUMBER OF GROOMSMEN) IT IS YOUR RESPONSIBILITY TO UPDATE THE WEDDING EMBASSY. THANK YOU!

## Wedding Party:

POCKET SQUARES } + \$10.00

NAME	PHONE NUMBER:	DISCOUNT	JACKET	PANT	SHIRT	VEST	TIE	SHOES	TRANS. #	PICKED UP	RETURNED
GROOM:											
BEST MAN:											
BEST MAN:											
GROOMSMAN:											
GROOMSMAN:											
GROOMSMAN:											
GROOMSMAN:											
GROOMSMAN:											
GROOMSMAN:											
FATHER OF THE BRIDE:											
FATHER OF THE GROOM:											
FATHER OTHER:											
FATHER OTHER:											
RING BEARER:											

{Wedding Embassy Use}

COST (without discount applied): ..... TAX: ..... TOTAL: ..... REQUIRED DEPOSIT: ..... ORDER DUE DATE: .....

ALL ORDERS WILL BE CHARGED A 6.35% CT SALES TAX.