STRATOSPHERE

HOTEL | CASINO | TOWER

"I WAS JUST KIDDING FAKE WEDDING" WEDDING PACKAGE REQUEST FORM FAX THIS FORM TO:

702-383-5379

Or scan and email to weddings@stratospherehotel.com

Attention to: (Wedding Coordinator's Name)
"I Was Just Kidding" Fake Wedding Ceremony. \$249.00 Inclusive. Non-refundable or transferable. Bogus Minister Fee of \$75.00 cash is not included with the price and is due at time of fake ceremony. This package can accommodate a total of four (4) people, including bride and groom. Please note this is a "Fake wedding ceremony." Couples will not be legally married.
Minister fee of \$75.00 cash is not included with the price and is due at time of ceremony.
Based on availability, some holidays are excluded. Please call for details
The package ceremony requires the couple to arrive ready for ceremony. We do not provide a bridal changing or re-touch area. All wedding ceremonies begin promptly as scheduled. In the event that your wedding is more than fifteen (15) minutes late from the scheduled ceremony time, a \$200 fee will be charged to the card on file. In the event that your wedding is more than thirty (30) Minutes late from the scheduled ceremony time, the ceremony will be canceled with no refund. If you would like to re-book your ceremony, you can speak with a coordinator during normal business hours.
NO CHANGES OR ADD-ONS TO THE WEDDING MAY BE MADE 30 DAYS PRIOR TO THE EVENT Bride's full name: Groom's full name:
Time of wedding:Date of wedding:/
Wedding Package Name:
Expected number of Guests:
E-Mail address to send confirmation to:
Daytime Telephone: Fax Number:
Cardholder Signature:
BOTH PAGES MUST BE SENT TOGETHER; THIS REQUEST FORM ALONG WITH PAGE 2 – CREDIT CARD AUTHORIZATION FORM

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CREDIT CARD AUTHORIZATION FORM

The following charges are hereby authorized: Amount: _____ **Advance Deposit Full Amount of Function** Amount: The total amount on my credit card authorized \$_____ OR Leave OPEN (Please leave "OPEN" so that we may charge any remaining balances to the credit card) Name of Event Charge to my credit card for the following function: Month Date Year Date of Function: ______ No. of Guests: _____ Last Four of Credit Card Number: ___ _ _ Exp. Date: ___ / ___ If VISA/MasterCard, Name of Issuing Bank: Cardholder Name: Statement Address: City: _____ Zip: ____ Telephone Number: (_____) _____ or (_____) ____ *NOTE: A representative of the Stratosphere Catering Office will contact you at the above phone number within 48 hours to confirm payment information. E-Mail Address: ***I authorize & acknowledge that all of the above mentioned charges will be processed to my credit card for the function(s)/wedding designated above: I understand deposits are 100% non-refundable.*** Authorized Cardholder Signature:

How did you hear about us?		If by Web, please circle the site:
Vegas.com GOOGLE MyWedding.com	the KNOT.com	Wedding Wire.com Other

Date: ____/____

BOTH PAGES MUST BE SENT TOGETHER; THE REQUEST FORM (PAGE 1) AND THIS PAGE – THE CREDIT CARD AUTHORIZATION FORM

IN ORDER TO BOOK YOUR EVENT

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