

Paradise Island Harbour Resort Wedding Information

Travel Agency: _____ IATA#: _____
Agency address: _____
Phone # _____ Fax # _____
Email: _____

Wedding information

Wedding Date: _____ 1st Choice: _____ 2nd Choice: _____
Wedding Time: _____ 1st Choice: _____ 2nd Choice: _____

Resort Information

Tour Company: _____ Reservation #: _____
Flight Info: _____ Airline: _____ Arrival Flight #: _____
Departure Flight # _____
Arrival Date: _____ Departure Date: _____

Bride's Info

Legal Name (Maiden): _____
Mailing Address: _____
City / State / Country / Zip: _____
Day Phone #: _____
Occupation: _____

Groom's Info

Legal Name: _____
Mailing Address: _____
City / State / Country / Zip: _____
Day Phone # _____
Occupation: _____ Father's Name: _____

Payment Information: Credit Card: _____ AX _____ VI _____ MC _____ Expiration: _____

Authorized Signature: _____ Name of Card Holder: _____

Please complete and return to the attention of Director of Sales / Weddings in Paradise via email or fax.

Email: ccoakley@dhmhotels.com

Fax: 242-363-1220