



“Exceptional Life Events” request form  
 Kindly fill out the form below & e-mail it to [weddings@alsoldr.com](mailto:weddings@alsoldr.com)

**This is a request form only**

All events must be secured with a deposit and signed contract before being fully confirmed with the resort

**COUPLES INFORMATION**

Enter Legal First & Last Name Below;		Enter Legal First & Last Name Below:	
Age		Age	
Phone		Phone	
Address:		Address:	
zip/postal		zip/postal	
Country:	State	Country:	State:
City:	City:	City:	Zip Code:
E-mail Address:		E-mail Address:	
Occupation:		Occupation:	
Citizenship;		Citizenship;	

**YOUR EVENT VISION**

Your chosen ALSol Resort ;	Requested Date & Time;		
Type of Ceremony:	Symbolic <input type="checkbox"/> Civil/Legal <input type="checkbox"/> Religious /Legal <input type="checkbox"/> Other <input type="checkbox"/> Undecided <input type="checkbox"/> Ceremony Only <input type="checkbox"/> Ceremony & Cocktail <input type="checkbox"/> Ceremony & Dinner Reception <input type="checkbox"/> Ceremony Cocktail Dinner Reception <input type="checkbox"/> Additional events beyond wedding day <input type="checkbox"/>		
How do you imagine your event: (Please choose one)			
Your Requested Ceremony Location	Tropical Garden <input type="checkbox"/> Beach <input type="checkbox"/> Chapel <input type="checkbox"/> Other <input type="checkbox"/> Undecided <input type="checkbox"/>		
The package you are considering	Intimate - complimentary <input type="checkbox"/> Forever <input type="checkbox"/> Desire <input type="checkbox"/> Radiant <input type="checkbox"/>	Jewel <input type="checkbox"/> A la carte <input type="checkbox"/> Undecided <input type="checkbox"/>	
How many guests are you inviting?	Adults:	Children under 12 years:	
Agents Name;	Agency;		
Phone number:	Address of agency:		
Fax number:	TICO:		