



Preliminary Questionnaire

Event Type: _____

Date/Time: _____

Venue: _____

Attendee's count: _____

Client's Name: _____

Address: _____

Phone Number: _____ **Email:** _____

Event Location: _____

Theme: _____

Colors: _____

What services do you need:

Additional Request: _____

Special Request: _____

Special Occasion: (Birthday/Anniversary/Graduation, etc.)

Instructions:

List for Event: (Filled out at Consultation)

- **Tables:** _____
 - **Chairs / Chair Covers/sashes:** _____
 - **Linens:** _____
 - **Runners/Overlays:** _____
 - **Speciality Linens:** _____
 - **China:** (Dinner Plate/Salad Plate/Water Goblet/Dinner Fork, Salad Fork, Knife, Spoon)

 - **Chargers:** _____
 - **Napkins (Color):** _____
 - **Servers:** _____
 - **Bartenders:** _____
 - **Catering:** **Package:** _____ **Alacarte:** _____
Choices: _____

 - **Flowers:** _____
 - **Décor:** _____
 - **Balloons/Arch/Centerpieces:** _____
 - **Signs/Seating Charts/Table numbers:** _____
 - **Sparklers:** _____
 - **Wedding Planner / Day of Coordinator:** _____
 - **Other Services:** DJ / Photographer/ Videographer/ Baker / Limo/ Photo Booth/ Carriage Ride
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