

# EVENT QUESTIONNAIRE:

## EVENT OCCASION \*

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> ANNIVERSARY          | <input type="checkbox"/> BRIDAL SHOWER       | <input type="checkbox"/> RETIREMENT |
| <input type="checkbox"/> BABY SHOWER          | <input type="checkbox"/> FUNDRAISER          | <input type="checkbox"/> WEDDING    |
| <input type="checkbox"/> BAR / BAT<br>MITZYAH | <input type="checkbox"/> GRADUATION          |                                     |
| <input type="checkbox"/> BIRTHDAY             | <input type="checkbox"/> HOLIDAY             | <input type="checkbox"/> OTHER      |
| <input type="checkbox"/> CORPORATE            | <input type="checkbox"/> MEMORIAL<br>SERVICE |                                     |
|   | <input type="checkbox"/> REHEARSAL           |                                     |
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- **NAMES:**
- **EMAIL AND CONTACT NUMBER:**
- **EVENT DATE:**
- **EVENT LOCATION:**
- **HOW MANY GUESTS:**
- **WILL A TENT BE NEEDED?**
- **WOULD CUSTOMER LIKE EXTRA SERVICE TO SET UP ON SITE?**  
**(ADDITIONAL COST)**
- **COLORS/THEMES:**
- **LINENS? COLORS?:**
- **DANCE FLOOR: YES/NO**                      **STAGE: YES/NO**
- **BUFFET OR SIT DOWN MEAL:**                      **BAND OR DJ**
- **DINNERWARE OR DISPOSABLES**

**VENDOR INFORMATION:**

**CATERER:**

**DJ:**

**FLORIST:**

**PHOTOGRAPHER:**