



Contact Information:

Name: _____

Phone: _____

Email: _____

Event Details:

Location of event: _____

Date of Event: _____

Time of Event: _____

Budget: _____

Expected number of guests: _____

Does your venue have:

- On-Site Kitchen: Yes or No
- No Kitchen: Yes or No
- Limited Kitchen: Yes or No
- Standard Home Kitchen: Yes or No

Cocktail Hour/Dinner Time:

Are you having a cocktail hour? Yes or No (if no, go to dinner time)

Cocktail start time: _____ Cocktail End time: _____

Dinner Start time: _____ Dinner End time: _____

What type of food are you considering for your event?



Service Style:

Formal Seated Service: Yes or No (If no, proceed to buffet questions)

What will be served tableside?

- Salad? Yes or No
- Appetizer: Yes or No
- Dinner: Yes or No
- Dessert: Yes or No
- Coffee: Yes or no
- Water/Tea: yes or No

Formal Buffet Service: Yes or No

Food Stations: Yes or No

Dietary Information:

Are there any special dietary requirements? Yes or No

Are you planning to make any special dietary arrangements for any other guests? Yes or No (if yes, please explain)

Additional rentals

Do you need any of the following?

Tables: Yes or No

Table Linens: Yes or No

Notes:

Please provide additional details in regards to your event. (Theme, additional budget information or any other information you feel is important.)
