



EVENT QUESTIONNAIRE

Please review the following questionnaire. The information you provide will assist us in coordinating your Event. The more information you provide about your event, the easier it will be to accommodate your event's needs.

CUSTOMER/BUSINESS EVENT DETAILS

1. Name _____
2. Home/ Business Address _____
 - a. Please include best contact number and email _____
3. Purpose of event? _____
4. Event date/time? _____
 - a. If more than one day, please specify or include a schedule _____
5. Number of guests (if multiple dates, please include for each day)?
 Adults _____ Children (under 10 years of age) _____

SERVICE | RENTALS

1. Do you require servers? _____
2. Food and beverage delivery or pickup? _____
3. Plated or Buffet Style? _____
4. Hot or Cold? _____
5. Meal type (hors d'oeuvres/breakfast/lunch/dinner) and number of courses for each meal, if any?

 - a. If you have a preference for a particular course, please include. _____
 - b. Breakfast/Brunch (light-continental, full breakfast menu) _____
 - c. Lunch/dinner (# of courses) or boxed lunch? _____
6. Any interest in dinnerware (plates, glassware, silverware)? (If yes, Indicate type below)
 Yes ___ No ___
 - a. China ___ (check appropriate box >) Standard ___ Premier ___
 - b. Disposable ___ (premium white plate & pre-wrapped white silverware)
7. Is there a need for event rentals and/or décor package? Yes ___ No ___ (If yes, please provide type and color scheme for your event) _____

OTHER REQUIREMENTS

1. Any vegetarian options? _____
 - a. How many guests? _____
2. Any dietary requirements or restrictions? _____

BEVERAGES

1. Tea and Coffee service? _____
2. What types of beverages are needed? _____
 - a. Ice water, bottled, carafe, pitchers, canned soft drinks? _____
3. Is there a need for bar catering? Yes ___ No ___ (If yes, please select below)
 Beer & Wine ___ Full bar ___ Bartender only ___ (customer provided beer & wine & spirits)
 Champagne toast package ___ (minimum of 25 guests) Champagne wall ___



EVENT & LOCATION DETAILS

1. If you require tables, chairs, chair covers and sashes, and/or linens, please provide details on size of table at venue/home and number of people to a table.

- a. Please provide set-up/clean-up schedule for each day? _____

- b. Approximate length of service? _____

2. Provide physical address of where the event will take place. Private home ___ Venue ___

- a. Covered area/uncovered area? _____

- b. Electricity/ any utilities available? _____

- c. Kitchen on-site? Yes ___ No ___ (If yes, please list amenities below)

If setup with rentals is requested, a walk-through of the home or venue is required 2-3 weeks prior to scheduled event.

Please provide a date/time for the walk-through. _____

BUDGET

1. What is your estimated budget for this event? (to best design menu, please provide budget)

2. Is this an annual event? Yes ___ No ___

How did you hear about us? _____

ADDITIONAL INFORMATION
