



The Family Venue Event Spot – Client Inquiry Form

Disclaimer of Confidentiality

All information provided in this form is treated as confidential. Submitting this form does not obligate you to use our services. It is intended solely for planning and consultation purposes. We will not share your details with any third party without your explicit consent.

Client Contact Information

- Full Name: _____
- Phone Number: _____
- Email Address: _____
- Preferred Method of Contact: Phone Email Text

Event Details

- Type of Event (e.g., Wedding, Baby Shower, Family Reunion, etc.):

- _____
- Event Date: _____
 - Start Time: _____
 - End Time: _____



● **Event Location:**

290 Briggs Lane, Vine Grove, KY 40175

Other (Please Specify): _____

● **Venue Name (if applicable):** _____

● **Estimated Number of Guests:** _____

● **Event Setting:**

Indoor Outdoor Both

● **Is the event themed?**

Yes No

If yes, please describe: _____

● **Purpose or Objective of the Event (if any):** _____

● **Is there flexibility with the date/time?**

Yes No

If yes, please explain: _____

● **Please provide any additional details about the event:** _____



Required Services

- Full Event Planning Services
- Partial Planning / Specific Services Only (please select below):

Which specific services do you require?

- Venue Decoration
- Catering Services
- Entertainment (Music, DJ, etc.)
- Photography/Videography
- Lodging (pertinent personnel)
- Marketing & Promotion
- Guest Management
- Security
- Coordination on the Day of Event
- Rentals (Tents, Tables, Chairs, etc.)
- Clean-up Services
- Invitations / Stationery
- Transportation / Parking Logistics
- Other: _____

- **Are there any services you have already arranged?**

Yes No

If yes, please explain: _____

- **Other information or questions you'd like to discuss:**



Total Estimated Budget

Please estimate your budget for the following expenses:

Expense Category	Estimated Budget (\$)
Venue Rental	_____
Catering	_____
Snacks & Beverages	_____
Catering	_____
Entertainment	_____
Photography/Videography	_____
Decorations	_____
Transportation	_____
Security	_____
Other (please Specify):	_____

Client Authorization

I confirm that the information provided above is accurate to the best of my knowledge and I understand this is a preliminary inquiry only.

- **Client Signature:** _____
- **Date:** _____
- **Printed Name:** _____

Thank you for your time!

Please return this survey to a staff member or email it to: thefamilyvenue@outlook.com