

PINNACLE



CLIENT QUESTIONNAIRE FORM

Name _____

Date _____ Budget: _____

Address _____

Event Date _____ Number of guest _____

Phone _____

Type of Event _____

Event Indoor _____ Outdoor _____

Event Starting Time: _____

Name of Venue _____

Eating Time: _____

Venue Address _____

Full Kitchen Yes No

Catering Kitchen Yes No

Ice Machine Yes No

Dietary Restrictions _____

Strong Dislike _____

Strong Like / Menu Ideas _____

Valet Parking Yes No

How Many Parking Space _____

Signature from Pinnacle Personal Chef

Signature of Client