**EVENT PLANNER QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | **Telephone:** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Event Type:** | **Event Date:** | **Event Time:** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Event Location** | **Indoor/Outdoor** | **Guest Count** |
|  |  |  |

|  |
| --- |
| **EVENT TYPE – KEY WORDS** |
| 1.  |
| 2. |
| 3. |
| 4. |
| 5. |

|  |  |
| --- | --- |
| **THEME/STYLE** |  |
| COLOURS |  |
| MUSIC/ENTRTAINMENT |  |
| OTHER |  |

|  |  |
| --- | --- |
| **FOOD** |  |
| DIET REQUIREMENT/ALLERGY |  |
| APPETIZERS |  |
| MAIN |  |
| DESSERT |  |
| BEVERAGE |  |
| ALCOHOLIC |  |
| NON - ALCOHOLIC |  |

|  |
| --- |
| **BUDGET** |
| Food |  |
|  Decor |  |
| Venue |  |
| Miscellaneous |  |
| **TOTAL** |  |

|  |
| --- |
| **Comments/Instructions/Additional Info:** |
|  |