



Event's contact person information

Last Name _____ First Name: _____
Address _____ City _____ State _____ Zip Code _____
Email Address _____
Phone # _____ Cell Phone # _____ Other Phone # _____

Event Details - Please fill out as much information as you can

Type of event _____

Event Date: _____ Unknown time _____ Event Time: _____ Unknown time _____

Venue of event _____ Set up will be _____

Event Address _____ City _____ State _____ Zip Code _____

Contact day of event _____ Phone Number _____

Website: _____ \$ _____

Is there a color scheme? No Yes If Yes - _____

Is there a specific theme? No Yes If Yes - Casual Rustic Formal

If other please describe _____

Additional details that will allow us to assist you in customizing your special event: _____

For events that will be set up outside, what will the plans be if weather will not allow for set up to be outside _____

Any questions please do not hesitate to email us contact@archesandelegance.com

Bonnie 513-276-7383 Rhonda 513-388-6572