

Event Questionnaire



Bride/Host Name: _____

Groom Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Planner: _____

Phone Number: _____ Email Address: _____

Type of Event: _____ Venue: _____

Date of Event: _____ Guest Count: _____

Any children under the age of 12: _____

Favorite Cuisine/Restaurant: _____

Style/Theme of Event: _____

Dinnerware - Paper: _____ Disp. Plastic: _____ Real: _____

Need Linens - Dinner Tables: _____ Cocktail Tables: _____

Wedding/Event Colors: _____

Other Details:
