

FLORAL DESIGN QUESTIONNAIRE



Date: _____

CLIENT INFORMATION

Client's Full Name: _____

Client's Address: _____

Phone Number: _____

Email Address: _____

EVENT DETAILS

Event Type: Wedding Anniversary Birthday Shower

Event Date: _____

Event Time: _____

Event Location: _____

Event Colors and Theme: _____

FLORAL ARRANGEMENT DETAILS

Arrangement: Bouquet Centerpiece Corsage

Arch Boutonniere Aisle Decoration Other

Preferred Flower Types: _____

Specific Flowers You Love or Dislike: _____

Preferred Colors _____

Preferred Flower Arrangement Height: Tall Medium Short

Specific Flowers to Include: _____

Number of Floral Arrangements needed: _____

Sizes or Dimensions (if applicable): _____

Preferred Flower Arrangement Theme: _____

CONSULTATION AND MEETING PREFERENCES

How would you like to schedule our next consultations to discuss the floral arrangement updates?

In person

Phone

Video Call

Available Date: _____

Available Time: _____

Special Requests: _____

Any Allergies or Sensitivities to Flowers: _____

Estimated Budget: _____

Additional Details: _____

DELIVERY DETAILS

Delivery Address _____

Delivery Date _____

Delivery Time: _____

Pickup Date & Time (if applicable): _____

PAYMENT DETAILS

Deposit Required: 25% deposit of total wedding package cost required to hold wedding date

Cancellation Policy (applicable fees/ deadlines): 21 days' notice- 75% refund of payments received

Delivery: No delivery fee for event address within 30 miles of Heber City

Is there anything else you'd like to add or any other special requests, notes, or ideas for your floral arrangements?
