



BALLOON & CANDY INQUIRY / CONTRACT

CONSULT / INQUIRY

DATE: _____

CLIENT'S NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

TYPE OF EVENT: _____

EVENT ADDRESS: _____

EVENT PHONE _____

<u>Budget</u>
\$ _____
\$ _____

<u>MILEAGE</u>

DATE OF EVENT: _____ TIME: _____ TO _____

EARLIEST SETUP TIME: _____

RESIDENT BANQUET HALL OTHER

INDOOR OUTDOORS BOTH

PRIMARY COLOR _____ ACCENT COLORS _____

THEME _____

ENTRY WAY DANCE FLOOR HEAD TABLE

GIFT /CAKE TABLE CENTERPIECES _____

(OTHER)
