Event Worksheet

Client Name:

Date:

Time of Event:

Staff Arrival (kp)

Guest Arrival

Hors d'Oeuvres?

Dinner

Location:

Address/ Directions

Venue Contact Number

Name of Venue Supervisor

Vendors: Type NA if not applicable

Rentals

Florist

Photographer

Music

Transportation

Liquor

Event Info:

Bar:

Full or Beer & Wine

Ice Y/N

After Event Info:

Liquor:

Self Service Bar

Paper & Plastic

Extra Liquor

Rental Breakdown

Transportation Times

Guest Info:

Allergies*

Special needs

* We will do our best to accomodate food allergies but can not be held liable.

Catering Calendar/ Important Dates

10 Days Before Event: We need an email of the final guest count and entree count (if applicable).
The contract will reflect this number.
Please type your initianl here.----------

Payment Schedule

A deposit of $500.00 is required to hold your date. If you are booking your event within 2 weeks of the event the full balance is due to hold the date.

10 Days before your event the remainding Balance is due. Please type this date and initial here.----------