

Preliminary Information Sheet

Basic Information:

Preferred Dates _____ Expected Guest Count _____

Anticipated Invitation Time _____

Party Planner Name (if applicable) _____

Assistance:

Do You Need Assistance with:

___ Floral Decorating

___ Music

___ Photography

___ Video

*For Any Non- Recommended Vendors Please Ask for Details

Regarding Insurance: Do You Require Internet Access? ___

Event Details:

Ceremony ___ Speeches ___ Presentation ___ Dance Floor ___

Specialty Lighting ___ Sound System ___ Specialty AV ___

Set- Up Requirements:

Registration:

Place Cards? ___ Registration Tables ___

Cocktail:

Cocktail Hour Start:

Special Request for Liquors/ Beers/ Wines ___ yes ___ no

If Yes, What Kind? _____

Location _____ Furniture Rental? ___ yes ___ no

- Please note- Seating cards must be alphabetized
- Please note- Final guest list with table # assignments must be submitted with floor plan

Special Instructions:

Sit- Down Dinner/ Buffet Dinner

Or Buffet Reception:

Kosher Meal (s)

Vegetarian Meal (s)

Children's Meal (s)

Other dietary restrictions that we need to accommodate (please explain):

Special Occasion Cake Required: yes no

Additional Notes:

Do you require valet parking? yes no