



General Information

Name: _____ **Event Type:** _____
Phone: _____ **Email:** _____
Event Date: _____ **Event Times:** _____ to _____
Event Venue: _____ **Number of Guests:** _____
Venue Address: _____
Venue Phone: _____
Room Name: _____ **Contact Person:** _____
Guest Arrival: _____ **Guest of Honor Arrival:** _____
Photographer: _____ **Videographer:** _____
DJ Attire: _____ **What floor is the room on:** _____
Setting: indoor outdoor _____ **Elevator: Yes No** _____

Event Highlights

Cocktail Music: Yes No **Cocktail Music Type:** _____
Dinner Music: Yes No **Dinner Music Type:** _____
Speech: Yes No **Speech By:** _____
Toast: Yes No **Toast By:** _____
Blessing: Yes No **Blessing By:** _____
Dinner Served: Yes No **Style:** Buffet line, Family Style, Individually served
First Dance of Evening: Yes No **First Dance Song:** _____
Last Dance of Evening: Yes No **Last Dance Song:** _____
Other Special Dances: Yes No **List Dances:** _____

Other Information