

EVENT PLANNING QUESTIONNAIRE (NON-WEDDING)

This form includes the information I'll need to ensure I'm properly equipped and prepared to service your event. Once I've received this form, I'll schedule a meeting to review the details and talk through the day in full. Thanks for your time!

Event Type:

Event Date:

Event Venue:

Event Start Time: [Time selection, Hourly]

Event End Time: [Time Selection, Hourly]

Contact Person Name:

Contact Person Phone Number:

Expected Number of Guests:

Microphones Needed: [Yes/No Selection]

Speaker Name(s):

Speech Time(s):

Music Style Preference:

Specific Song Requests: [Text box, 250 characters]

Any additional details or specifics: [Text box, 500 characters]