



Event Client Questionnaire

Bride' Full Name: _____

Groom's Full Name: _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address: _____

Address _____

City, State, Zip _____

Are both your ceremony and venue at the same location? ☐ Yes ☐ No

If no, where is the 2nd location? _____

How many guests are you expecting? # _____

How would you describe the style of your wedding

What kind of décor are you planning on having _____

Food and Beverage: ☐ Plated Meal ☐ Buffet ☐ Stations ☐ Family Style

Alcohol: ☐ Yes ☐ No

☐ **Full Bar** (All Night) ☐ Cocktail Hour ☐ Cash Bar ☐ Beer and Wine Only ☐ Signature Drink (toasting drink)

Toasts: ☐ Yes ☐ No If Yes, who is toasting: _____

Wedding Cake: ☐ Traditional ☐ Cupcakes ☐ Dessert Table

Candy Buffet: ☐ Yes ☐ No

Favors? _____

Are you planning a send-off? If so, what kind are you planning _____

What are your 3 "Must-Haves?"

1. _____
2. _____
3. _____

Every bride has their "**Priority**" (what's most important to her) – Food, Flowers, Decorations, Venue, DJ, Ceremony, Reception, etc. What is **YOUR** priority?

How do you envision your wedding day?
