

“A Glorious Time!” Event Planning & Consulting

Client

Pre-Event Planning Questionnaire

We want your special event to be a fun and memorable occasion! To help us make this possible, please take a few moments to complete the following questions.

Your Name (First and Last): _____

Address: (street) _____

(city) _____ | (state) _____ | (zip) _____

Phone Number (H): () _____ - _____ | Phone Number (C): () _____ - _____

E-mail: _____ | Website (if applicable): _____

Are you the point of contact for the event? Yes No - If not, please provide the full name, address, phone number and e-mail of the individual who will serve in this capacity.

Contact Name (First and Last): _____

Address: (street) _____

(city) _____ | (state) _____ | (zip) _____

Phone Number (H): () _____ - _____ | Phone Number (C): () _____ - _____

E-mail: _____ | Website (if applicable): _____

Name of your organization (if applicable): _____

Type of event: _____ | Free or Ticketed: Free Ticketed

Nature of event: *Elegant / Casual / Themed* - Please select one and provide details about your selection:

Event location: _____

Date of the event: _____

What is the timeframe of the event? Start Time _____ End Time _____

How many people do you expect to attend? _____

One-time or Annual Event? _____

What is your budget? _____

What age group do you want to attend your event? _____

What kind of vendors do you want at your event? _____

Can you show me an example of what you have in mind? Yes No -- If so, please cite the source:

How available are you, or the point-of-contact, to answer questions during the course of planning?

Hours: _____ a.m. / _____ p.m. - _____ a.m. / _____ p.m.

Days: M / T / W / Th / F

Will you or any of your guests require special accommodations? Yes No - If so, please explain:
