

# Pre-booking questionnaire

## Client Information

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

## Event Details

Preferred Date \_\_\_\_\_ Alternate Date \_\_\_\_\_

Preferred Time \_\_\_\_\_ Alternate Time \_\_\_\_\_

Event Type \_\_\_\_\_ Guest Amount \_\_\_\_\_

## What are your top event must haves?

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## What are your top event must NOT haves?

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## Do you have any theme inspiration photos or Pinterest boards going?

☐ Yes ☐ No

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## Have you chosen any colors for your theme?

☐ Yes ☐ No

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## Are you open to alternative suggestions or ideas as they come up?

☐ Yes ☐ No

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# Pre-booking questionnaire

**What is your preferred method of communication? And what are the best hours or time of day to reach you for event related correspondence?**

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**What types of vendors do you think you'll need for the event?**

<input type="radio"/> Caterer	<input type="radio"/> Specialty baker	<input type="radio"/> Entertainment	<input type="radio"/> Music
<input type="radio"/> Decorations	<input type="radio"/> Florist	<input type="radio"/> Photography	<input type="radio"/> Videography
<input type="radio"/> Bartender	<input type="radio"/> Stage designer	<input type="radio"/> Transportation	<input type="radio"/> Rentals and Setup
<input type="radio"/> Other _____			

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Appointment Date \_\_\_\_\_ Appointment Time \_\_\_\_\_

Provider: \_\_\_\_\_

Confirmation ☐ Yes ☐ No

## Notes

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**Client Signature**

\_\_\_\_\_  
**Date**

*\*Please sign and date for filing purposes. This is not a contract.*