

# Preliminary Information Sheet

**Basic Information:**

Preferred Dates \_\_\_\_\_ Expected Guest Count \_\_\_\_\_  
Anticipated Invitation Time \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Party Planner Name (if applicable) \_\_\_\_\_

**Assistance:**

- Do You Need Assistance with:
- Floral Decorating
  - Music
  - Photography
  - Video

\*For Any Non- Recommended Vendors Please Ask for Details  
Regarding Insurance

Do You Require Internet Access? \_\_\_\_\_

**Event Details:**

- Ceremony \_\_\_\_\_
  - Speeches \_\_\_\_\_
  - Presentation \_\_\_\_\_
  - Specialty Lighting \_\_\_\_\_
  - Sound System \_\_\_\_\_
  - Specialty AV \_\_\_\_\_
  - Dance Floor \_\_\_\_\_
- Set- Up Requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Registration:**

- Place Cards? \_\_\_\_\_
- Registration Tables \_\_\_\_\_

**Cocktail:**

Cocktail Hour Start:

Special Request for Liquors/ Beers/ Wines \_\_\_ yes \_\_\_ no

If Yes, What Kind? \_\_\_\_\_

Location \_\_\_\_\_

Furniture Rental?

Use of Couches: \_\_\_ yes \_\_\_ no

- Please note- Seating cards must be alphabetized
- Please note- Final guest list with table # assignments must be submitted with floor plan

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sit- Down Dinner/ Buffet Dinner**

**Or Buffet Reception:**

Kosher Meal (s)

Vegetarian Meal (s)

Children's Meal (s)

Other dietary restrictions that we need to accommodate (please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Occasion Cake Required: \_\_\_ yes \_\_\_ no

Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you require valet parking? \_\_\_ yes \_\_\_ no