

Event Initial Start-Up Form

Name: _____

Address: _____

Phone: _____

Email: _____

Secondary Contact: _____

Phone: _____

Email: _____

Date: _____

Time: _____

Location: _____

Budget: _____

Notes: _____

Type of Event

School Dance ___ Birthday Party ___ Class Reunion ___
Holiday Party ___ Corporate Event ___ Outdoors Event ___

Services:

DJ ___ Photo Booth ___ Limo ___
Up lighting ___ Monograms ___ Projector/Screens ___

Additional Services:

Venue ___ Party Rentals (linens, tables, chairs, etc) ___ Photographer ___
Catering ___ Bartender ___ Guest Accommodations ___
Invitations ___ Chocolate Fountains ___ Yard Games ___