



## Client Questionnaire

Client Name/Party/Headcount:	
Today's Date:	Event Date:
Phone:	Ok to text? Y/N
Email:	Preferred Method of Communication:
Arrival Window:	Ceremony time:
Service from:	End Time:
Event Details:	
Event Location/Address:	
Venue Type/Details:	
Gate Code/Special Instructions:	
Are there buffet tables in place for use? Y/N	Will they need linens? Y/N
Kitchen Details:	
Venue Alcohol Licensing Y/N	Will you need a Bartender? Y/N
Billing Address:	Payment Method:

Drop Off Only	Delivery/Setup	Buffet w/Servers	Grilling	Seated Plated	GJG Exp.
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Site Visit	Equipment Fee	Cake Service	Tasting	Upgraded Dinnerware
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Cups, Plates, Utensils:
Rentals (tables, linens, glasses, etc.):
Appetizers:
Entrees:
Desserts:
Beverages/Ice:
Allergies/Restrictions: