



Please return this form (AT LEAST **30 DAYS** PRIOR TO EVENT DATE) via fax to: 503.213.6072

Name on contract

Contact ID #
(found near the top left side of your contract.)

Party Planner

GENERAL INFORMATION:

Contact Name: _____

Company Name (If applicable): _____

Event Date: _____

Event Type: _____

Event Location: _____

Room Name: _____

Guests Arrival Time: _____

Event Setting: Indoors Outdoors

What floor is the party on _____ (as per the contract line 9, remember that if we must move equipment up and down stairs there will be a stair fee. The stair fee is \$25.00 per flight or every 10 steps. This must be paid the same day of the event and at the start of the event.)

Is there an elevator? Yes No

Number of guests expected: _____

Photographer: _____

Videographer: _____

If Applicable
Guest of Honor(s) Arrival: _____

Is this a surprise: Yes No

Guest of Honor(s) Name: _____

Age or year: _____ Birthday Party Anniversary



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EVENT HIGHLIGHTS

- Cocktail Hour
- Toast By Who _____
- Blessing By Who: _____
- Dinner/Buffer Served: _____ (Time)

Dinner Style: Individually Served Buffet Style

Dancing Begins: _____ (Estimated Time)

Any Special First Song:

OTHER INFORMATION:

(Before answering the following please remember that if the package you ordered does not support the special needs you will be requesting then they will not be fulfilled)

Is there any other special needs?

Note: It sometimes helps if you can provide your special music on compact disc.

This ensures that we have the exact version that you want.

Your input is much appreciated, and will help to insure that your event is a special event to remember...

Party Planner