

Party Information Sheet

Client's Name: _____ Contact Phone: _____

Party Date: _____ Start Time: _____ End Time: _____

Occasion: _____ For: _____

Location: _____ Balance Due: \$ _____

of Guests _____ Age Range _____ Dress Code: Formal * Semi-formal * Casual

Theme: _____ Cocktail Music: Yes * No Dinner Music: Yes * No

Dinner: Sit-Down * Buffet * Family Style Time Served: _____

Grace: Before Dinner Yes * No? Grace given by: _____

Toast: Yes * No ? Toast given by: _____

Speeches: Before * After Dinner * None Introduced: Yes * No?

Speakers: _____

Awards / Ceremony / Door Prizes / Raffle: Yes * No Before * After Dinner?

Reason: _____

Recipient: _____

Are the Centerpieces to be given away by your Party Host? Yes * No

Level of DJ/ Emcee Interaction: Low * Moderate * High



