

Stax Catering Event Questionnaire

Date of Event: _____

BRIDE'S NAME: _____

Address _____

Phone Number: _____

Email: _____

GROOM'S NAME: _____

Address _____

Phone Number: _____

Email: _____

WEDDING DAY-DATE-TIME: _____

Ceremony Start Time: _____

Approximate Length of Ceremony: _____

Location of Ceremony: _____

Reception Location: _____

Reception Start Time: _____

Reception End Time: _____

How many guests are you expecting? _____

Wedding Planning:

Are you working with a wedding planner? Yes or No

If so, what is the name of the company and/or contact? _____

If not, who will be the contact person before the event in regards to rentals, details on the property, details on design requirements, etc...?

If you do not have a wedding planner, who will be the liason on the day of the event to advise us on the time line of the event, specific design while setting up, etc?

Time Line:

Arrival of Guests _____

Formal Announcement before serving _____

Appetizers _____

Social Time _____

Serving Time _____

Dessert _____

After Meal Events (Dance, slide show etc.) _____

Toasts: Will you set aside a specific time for toasts at your reception? Yes or No _____

Will you have a champagne toast at any point in the reception? Yes or No _____

Late Night: Would you like late night snacks or sweets? Yes or No

Anything else _____

Estimated Budget (Total or per person) _____

Setting: Formal Semi-formal Casual (Circle One)

Type of Food or Menu Interested in _____

Are there any religious or dietary needs? _____

Are there any food allergies? _____

Would you like some vegetarian options? _____

Wedding Theme: _____

Wedding Colors: _____

Food Service

Hors devours: Yes or No

Buffet – Serve Yourself: Yes or No

Attendants: Yes or No

Seated – Servers Present the Meals: Yes or No

Head Table Service: Yes or No Plated Family Style

Cake Serving/Service Requested: Yes or No

Do you have a cake knife & server: Yes or No

Do we need to provide plates & forks: Yes or No

Who is making your cake? _____

Indoors :

Kitchen available: Yes or No

Working Equipment: Yes or No

List of available equipment _____

Approximate Size of Kitchen _____

Number of serving tables _____

Is there a separate staging room Yes or No

Location _____

Outdoors :

Covered/Sheltered Area(s) Yes or No

Size of seating area _____

Number of serving tables _____

Size of serving & Prep area _____

Utilities _____

Water Yes No _____

Electricity Yes No _____

Uncovered Area(s): Yes or No

Bar:

Do you need bar services?

What kind of bar do you want? Beer and wine only, or full bar?

Rentals:

Are you currently working with a rental company?

Flowers:

If so, what is the name of the company and/or contact?

Lighting:

If so, what is the name of the company and/or contact?