

Banquet / Event Checklist

Event Date:	Event Name	_ Event Name/Nature:						
Estimated Guest Coun	t:	Guest Count Due Date:						
Cocktail Hour/Social/S	tart:	Food Service Time:						
Contact #1:		Phone Number:	:					
E-Mail								
Mailing Address								
Contact #2:		Phone Number:						
E-Mail								
Address								
<u>Appetizers</u>								
Item:	S/M/L \$	Item:	S/M/L \$					
Item:	S/M/L \$	Item:	S/M/L \$					
Item:	S/M/L \$	Item:	S/M/L \$					
Item:	S/M/L \$	Item:	S/M/L \$					
Item:	\$	Item:	#: \$					
Item:	# \$	Item:	#:\$					

Dinner Service Details

Dinner Menu:	Family Style / Bufffet (circle one)				
Entrée 1: E	ntrée 2:				
Entrée 3 (if applicable):	Starch/Bread:				
Vegetable (if applicable):					
Salad Dressing preferred #1:	#2				
Children's Chicken Tenders (ages 4-10): ☐ YE	S 🗆 NO How Many:				
Bar Service Details					
Host Bar for an Hour: ☐ YES ☐ NO	Host Bar All Night: ☐ YES ☐ NO				
Details of Host Bar:					
Hosted Beer: ☐ YES ☐ NO Start Tim	e:				
Selection:	How many Barrels:				
Hosted Soda: ☐ YES ☐ NO Start Tim	e:				
Hosted Wine: ☐ YES ☐ NO Start Tim	e:				
Selection:	How many Bottles:				
Custom Cocktail: ☐ YES ☐ NO Start	Time:				
Custom Cocktail Details:					
Amenities / Options					
Cake Cutting Service: ☐ YES ☐ NO	Risers/Stage: □ YES □ NO				
Audio Rental: □ YES □ NO	Video Rental: □ YES □ NO				
Linen Color:	Napkin Color:				
Table Overlays: □ YES □ NO	Color:				

Table Sashes:		YES	□NO		Color:_					
Chair Covers:	hair Covers: ☐ YES ☐ NO				Color: Sash Color:					
Time coming to decorate:			Taking Down/Clean Up:							
<u>Miscellaneous</u>										
DJ/Band/Entertainment:				Phone Number:						
Setup Time:				_ Is yo	ur DJ prov	iding Dinn	er Music?	□YES	□NO	
Cake Baker Info:_					Phone	Number:_				
Cake Delivery/Se	tup:			_ Is yo	our cake ba	aker licens	ed?	□YES	□NO	
Special Instructio	ns:									