



# Social-Events Assessment Form

In order for us to create a package tailored specifically to your needs, please fill out the form below to the best of your knowledge. Once we receive your response, we will be in touch!

## Contact Information

First name \*

Last name \*

Email Address \*

Phone number \*

## Event Information

Event Date \*

Guest Count \*

Event Type

Event Start/End Time

Interested in Roots venue \*

Yes  No

Event Venue





# Catering Information

## Menu Preference (Find Menu link below)

- Roots Signature Menu | Vanilla  Cardamom  Saffron
- Only Hors-D'oeuvres

## Additional Menu Options (Check all that apply)

- Extra Hors-D'oeuvres  Desserts  Late Night Snacks

## Preferred Service Style

- Buffet
- Plated
- Family style
- Drop off

Are there any dietary restrictions you would like us to accommodate? *Yes*  *No*

If you answered yes, please explain:

## Beverages

Are you Providing a bar for your Guests? *Yes*  *No*

Which of the following do you need us to provide? (Select all that apply)

- Liquor Delivery Coordination  Non-Alcoholic Beverages
- TIPS certified Bartenders  Mixers & Garnishes

## Budget

What is your approximated budget range for catering?  
(inclusive of food ,staff, fees, rentals, and event coordination)

Thank you for providing us with this information!

If you have any additional details you would like to share, please mention in the box below

