BEHIND THE DOORS STUDIO

EVENT INFORMATION FORM

How did you hear about us?

CLIENT INFORMATION

Company name / Full name: _____

Contact person: _____

Phone: _____

Email: _____

BASIC EVENT INFORMATION

Type of event: _____

Event date: _____

Expected number of people: _____

Start time: _____

End time: _____

Additional setup time needed:
☐ Yes ☐ No

If yes, how long: _____

EVENT SCHEDULE / PROGRAM

Props or special items needed:

VENUE AND TECHNICAL REQUIREMENTS

Table and chair layout:

Stage / dance floor
☐ Yes ☐ No

Sound equipment
☐ Yes ☐ No

Lighting equipment
☐ Yes ☐ No

Projector / screen
☐ Yes ☐ No

Power connections for additional equipment:

Decoration options / requirements:

CATERING AND DRINKS

Catering service needed
☐ Yes ☐ No

Outside caterer allowed
☐ Yes ☐ No

Bar service
☐ Yes ☐ No

Additional information:

ADDITIONAL SERVICES

☐ Decoration
☐ Event coordinator
☐ Photographer / Videographer
☐ Security staff
☐ Cleaning during the event (included before and after)

Other services:

ADDITIONAL INFORMATION

Special requests or comments: