



## EVENT PLANNER CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of  
Information collected about new clients is confidential and will be treated accordingly.

### CONTACT INFORMATION

Client Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### EVENT DETAILS

Event Type: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_  a.m.  p.m. Event End Time: \_\_\_\_\_  a.m.  p.m.

Event Location: \_\_\_\_\_

Venue Name (if applicable): \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Is the event indoor or outdoor?  Indoor  Outdoor

Do you have a specific theme in mind?  Yes  No

- If yes, what theme? \_\_\_\_\_

Is there a purpose or objective of the event?  Yes  No

- If yes, explain: \_\_\_\_\_

Will the event require road closures?  Yes  No

Is there any flexibility regarding the event date or time?  Yes  No

Provide any other details about the event:

**REQUIRED SERVICES**

**Do you require full event planning or specific services only?**  Full  Specific

**If you only want specific services, which of the following do you require?**

- |   |   |
|---|---|
| <input type="checkbox"/> Budgeting and Financial Management | <input type="checkbox"/> On-site Staffing               |
| <input type="checkbox"/> Catering and Menu Planning         | <input type="checkbox"/> Post-Event Evaluation          |
| <input type="checkbox"/> Day-of Coordination                | <input type="checkbox"/> RSVP Management                |
| <input type="checkbox"/> Decor and Design                   | <input type="checkbox"/> Transportation and Logistics   |
| <input type="checkbox"/> Entertainment and Music            | <input type="checkbox"/> Vendor Selection Management    |
| <input type="checkbox"/> Event Marketing and Promotion      | <input type="checkbox"/> Venue Selection and Management |

**List any other services that you require:**

**Are there services you have already arranged?**  Yes  No

If yes, explain:

**Provide any other information or questions you would like to discuss:**

**BUDGET**

**Total Estimated Budget:** \$ \_\_\_\_\_

Estimate your budget for the following specific expenses:

Decorations	\$ _____	Marketing and Promotion	\$ _____
Entertainment	\$ _____	Security	\$ _____
Food and Beverage	\$ _____	Transportation/Shuttles	\$ _____
Lodging (for entertainment)	\$ _____	Venue Rental	\$ _____

**SIGNATURE**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_