



Ryan's Creations Event Planning Questionnaire

Name _____ Preferred Phone Number _____

Email Address _____ Preferred Contact Method _____

When Is the Best Time To Reach You? _____

How Did You Hear About Ryan's Creations? _____

Event Type

- | | | |
|--|--|---|
| <input type="checkbox"/> Rehearsal Dinner | <input type="checkbox"/> Bridal Shower | <input type="checkbox"/> Corporate Event |
| <input type="checkbox"/> Bar/Bat Mitzvah | <input type="checkbox"/> Wedding Ceremony | <input type="checkbox"/> Birthday Party |
| <input type="checkbox"/> Holiday Party | <input type="checkbox"/> Wedding Reception | <input type="checkbox"/> Retirement Party |
| <input type="checkbox"/> Charity Event | <input type="checkbox"/> Business Seminar | <input type="checkbox"/> Brunch/Luncheon |
| <input type="checkbox"/> Wedding Anniversary | <input type="checkbox"/> Other: _____ | |

When Is Your Event? _____ # of Guests _____

Do you have any preferred or required flowers? _____

Event Colors? _____ Event Theme? _____

Have you booked a Venue? _____ Do you require a Venue? _____

Event & Venue Details

How many tables for seating? _____ Invitations? _____

Long, Square, or Round Tables? _____ Chairs? _____

Chair Covers? _____ Candles? _____

How many seats per Table? _____ Linens? _____

Cocktail Tables? _____ Place Tags? _____

Buffet, Plated, or Small Bites? _____ Menu? _____

Dessert Buffet? _____ Cake? _____

Flowers? _____ Other Decor? _____

Event Vendors

Caterer _____ DJ/Musician _____

Photographer _____ Florist _____