Levan's Catering Wedding Questionnaire

(Please complete this form to the best of your ability and return to us as soon as possible)

<u>Personal Information</u>

<u>The Bride</u>	<u>The Groom</u>
Last Name: First Name:	Last Name: First Name:
Home Address (The the grooms address	blank if they are the same)
Street:	Street:
Additional Contact Person: Name : Address :	Name :
Phone :	Phone :

Tell us about your wedding

<u>Ceremony Info:</u>

Brides Name:	Wedding Date:
Ceremony Location:	Length of Ceremony:
Ceremony Start Time:	Ceremony End Time:
Are you taking pictures after the cere	emony at the ceremony site? Yes \(\square\) No \(\square\)
If yes what is the estimated length of	photo session:/minutes
Is your ceremony at the reception site (Information)	e? Yes No (If no go to Reception
Estimated departure times from the c	ceremony site:
Guests: Wedding Party:	Bride and Groom:
Estimated distance from ceremony si	ite to reception site: miles
Estimated drive time from the cerementary	ony site to the reception site:
•	nes or any other decoration items used at the the reception? Yes $N \square$ (If \square go to
If yes who is transporting these items:	
Name:	Cell Phone #:
What is the expected arrival time of t	hese items:
Are the items to be in place prior to t	he guests entering the reception?
	Yes
	No 🗔

Please describe the items/purpose and where they are to be placed:	
Note: Your Coordinator from Levan's will review this with you in detail.	
Special Notes:	

Reception Info:

Brides Name:	Wedding Date:
Reception Location:	Phone #:
Number of Expected Guests:	Number of Guests Invited:
What percentage of Your Guests w	vill be traveling to your wedding?%
<u>Timing:</u>	
Contracted Block of Time:	to:
Set-up Start Time:	Set-up Completion Time:
Event Start Time:	Event End Time:
Estimated Guest Arrival Time:	Estimated Guest Departure Time:
Bride & Groom Arrival Time:	Bride & Groom Departure Time:
Are you having a cocktail hour? time)	Yes No (If no, go to dinner
Cocktail Hour Start Time:	Cocktail Hour End Time:
Dinner Start Time:	Dinner End Time:
Breakdown Start time:	Breakdown Completion Time:
Special Notes:	

Tell Us About You're Menu:

What are your favorite foods: What Types of food are you considering for your Wedding?		
What type of menu or m	enu's are you considering?	
Breakfast Brunch	Lunch Dinner Cocktails	
What is your preferred se	ervice style?	
Formal Seated Service:	Yes No	
What will be served table	eside: Salad	
Formal Buffet Service:	Yes No	
What will be served from	stations: Salad Dinner Dinner Coffee Water Tea	
Would You Like to Have	a Cocktail Hour: Yes No No	
What will this included:	Cold Hd's Hot Hd's Buttlered Buffet	

Do you or anyone in your immediate family NoL have any special dietary requirements: Yesl Are you planning to making any special dietary arrangements for these guests: Yes Nol Are you planning to make any special dietary arrangements for any other guests: Yes Nol If No please proceed to the next section: Relative | If Yes What is there relation to you: Friend No 🗀 Are they in your wedding party: Yes l Additional Information Requested: Yes Do you need any additional vendors or services: No Would you like us to give you name and address to any of our preferred vendors? Yes No If no you are finished Thank you. If yes: What additional services do you require: Florist Invitations [Gowns DJ Tuxedo Renal Rentals [Bands **Bridal Accessories**

Special Dietary Requirements

Never under any condition will Levan's Catering release any personnel information or wedding information to anyone with the expressed consent of the bride and/or the groom.