



Booking Information

Today's Date

Please fill in the following information that applies to your event. Once this information has been received a contract will be sent to you via e-mail. At the time of signature a deposit is requested to hold the time and date of your event. Once the signed contract and deposit are received; your event decorations and/or entertainment will be secured.

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|--------------------|----------------------|----------------------------|----------------------|
| Company Name | <input type="text"/> | How did you hear about us? | <input type="text"/> |
| Your Name | <input type="text"/> | Office Phone | <input type="text"/> |
| Billing Address | <input type="text"/> | Home Phone | <input type="text"/> |
| City • State • Zip | <input type="text"/> | Cell Phone | <input type="text"/> |
| E-mail Address | <input type="text"/> | Fax Number | <input type="text"/> |

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|----------------------------|----------------------|---|
| Location Name | <input type="text"/> | <input type="checkbox"/> Check here if event is outdoors |
| Room • Shelter Name | <input type="text"/> | <input type="checkbox"/> Check here if event is rain or shine |
| Event Address | <input type="text"/> | Rain Date <input type="text"/> |
| City • State • Zip | <input type="text"/> | Note! Extra fees may apply to hold Rain Dates. |
| Nearest Cross Street | <input type="text"/> | Parking instructions |
| Contact for Event | <input type="text"/> | Phone <input type="text"/> |
| Alternate Contact & number | <input type="text"/> | <input type="text"/> |

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|------------------------------------|----------------------|---|--------------------------|---|----------------------|--|
| Date of Event | <input type="text"/> | Event Start time | <input type="text"/> | Earliest Delivery/ Decorating Time | <input type="text"/> | <input type="checkbox"/> Drop off <input type="checkbox"/> Decorate |
| Type of Event | <input type="text"/> | Event for | <input type="text"/> | Colors | <input type="text"/> | |
| <input type="checkbox"/> Arches | How Many | <input type="checkbox"/> Balloon Bouquets | How many on floor | <input type="checkbox"/> Loose Balloons | How Many | <input type="text"/> |
| <input type="checkbox"/> Columns | How Many | | How many in each bouquet | <input type="checkbox"/> Centerpieces | How many | <input type="text"/> |
| <input type="checkbox"/> Sculpture | What type | | How many on table | | | <input type="text"/> |
| | | | How many in each bouquet | | | <input type="text"/> |

Decoration Description/Special instructions