

EVENT DETAIL FORM

Please complete the form below to the best of your knowledge and email to shelly@iowarentacake.com

CONSULTATION INFORMATION:	DATE:	_____
	TIME:	_____
	LOCATION:	<u>Baxter Kountry Korner, 312 E. Buchanan St.</u> <u>Baxter, IA. (convenient store/meeting place)</u>
NUMBER OF PEOPLE ATTENDING CONSULTATION:		_____
BRIDE'S NAME:		_____
BRIDE'S EMAIL:		_____
BRIDE'S PHONE NUMBERS:	CELL:	_____
	HOME:	_____
	WORK:	_____
	FAX:	_____
BRIDE'S ADDRESS:		_____

GROOM'S NAME:		_____
GROOM'S EMAIL:		_____
GROOM'S PHONE NUMBER:		_____
MOTHER-OF-BRIDE'S NAME (if applicable):		_____
MOTHER-OF-BRIDE'S EMAIL:		_____
MOTHER-OF-BRIDE'S PHONE NUMBER:		_____
WEDDING DATE:		_____
APPROXIMATE GUEST COUNT:		_____
RECEPTION LOCATION:		_____
LOCATION'S CONTACT INFORMATION:	NAME:	_____
	EMAIL:	_____
	PHONE #	_____
RECEPTION STARTING TIME /WHEN DO GUESTS ARRIVE?		_____
TIME OF RECEPTION LOCATION'S AVAILABILITY FOR SET-UP:		_____
WILL THE WEDDING BE HELD AT THE RECEPTION LOCATION?		_____

WILL THE CAKE BE SERVED SIT DOWN OR BUFFET STYLE?

FLORIST'S CONTACT INFORMATION:

NAME:

EMAIL:

PHONE #

EVENT COORDINATOR'S CONTACT INFORMATION:

NAME:

EMAIL:

PHONE #

PHOTOGRAPHER'S CONTACT INFORMATION:

NAME:

EMAIL:

PHONE #

CATERER'S CONTACT INFORMATION:

NAME:

EMAIL:

PHONE #

DESCRIBE YOUR WEDDING STYLE AND COLORS:

HOW DID YOU HEAR ABOUT US?

ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE:

SAMPLE CHOICES:

1.

2.

3.

4.

5.

6.

* Please be specific on the type of cake flavor if choosing raspberry zinger

Thank you for taking the time to complete our event detail form!