



Carefree Dinner Party Services

Initial Event Data Collection Sheet

Date: ____/____/____

Client name: _____

Client address: _____

Client phone: _____ (hm) _____ (cell) _____ (wk)

Client fax: _____

Client email: _____

Event Details

Event date: ____/____/____

Party occasion: _____

Event address: _____

Number of attendees: _____ Number of attendees under age 12? _____

Time event will commence: _____ Time event (chef portion) expected to conclude: _____

Dinner to be served at what time? _____

Directions: _____

Other notes, dietary needs, restrictions: _____

