

VIEW MUSIC BAR

EVENT REQUEST INTAKE FORM

CLIENT INFORMATION

Client Name: _____

Date: _____ Type: Call / Walk-In

Received By: _____

EVENT INFORMATION

Date on calendar preferred: _____

Optional date(s): _____

Person Requesting Event: _____

Contact Name/Organization: _____

Phone Number: _____

E-Mail: _____

Event Name: _____

Type of Event (Party, Birthday, Buyout, Production, Table, etc.): _____

Expected Number of Guests: _____

Will there be cake (YES/NO)? _____

Contract Start Time: _____

Event Start Time: _____

Event End Time: _____

Contract End Time: _____

Total Hours: _____

Load in Needed (YES/NO): _____

Person(s) responsible for set-up: _____

Contact Number: _____

Person(s) responsible for clean-up: _____

FOOD SERVICE REQUESTS

Will you need food (YES/NO)? _____

Open Menu (Ordering) or Buffet? _____

**All buffet requests must be confirmed by Chef for accuracy vs cost. **

EQUIPMENT NEEDS

AUDIO:

- Microphone Microphones Sound Person
 Video Connection Bluetooth Band Hookup
 DJ Setup

BAND CONFIGURATION:

- Vocalist Keyboards Lead Guitarist Bass Guitarist Drummer Horns

ENTERTAINMENT

Will you have a DJ (YES/NO)? _____

DJ Console Type: _____

DJ Name: _____

Contact Number: _____

Music Genre: _____

MARKETING

Social Media Advertised (YES/NO)? _____

FACEBOOK: _____

TWITTER: _____

IG: _____

WEBSITE: _____

Will you have a photographer (YES/NO)? _____

Will you have a videographer (YES/NO)? _____

STAFFING

Security needed (YES/NO)? _____

Number of Guards: _____

Paid for by? _____

Valet needed (YES/NO)? _____

APPOINTMENT INFORMATION

**All Venue in person meetings are to be scheduled on Thursday after 5PM PST.*

Appointment Date: _____

(Thursday)

Month: _____ Day: _____ Time: _____

SIGNITURE OF EVENT COORDINATOR

PRINT NAME

DATE

SIGNITURE OF DIRECTOR

DATE