

# Reception Worksheet

Location \_\_\_\_\_

Event Hours \_\_\_\_\_ Set Up \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Total Cost of Location \$ \_\_\_\_\_ On-Site Gratuity \$ \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_

Balance Amount \$ \_\_\_\_\_ Balance Due \_\_\_\_\_ Check No. \_\_\_\_\_

Are all staff fees included	<input type="checkbox"/> Yes <input type="checkbox"/> No	In-house catering service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there heating/AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	In-house bar service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have a dance floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	In-house coordinating	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the hours flexible	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are china/crystal included	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are the taxes _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is stemware included	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gratuity required _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is linen included	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full kitchen use	<input type="checkbox"/> Yes <input type="checkbox"/> No	Decorating restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tables and chairs included	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sufficient Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance waiver required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning deposits required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is security provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Add'l housekeeping fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there staging or risers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sufficient restrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Handicap Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name/Location of Room \_\_\_\_\_

Color Scheme \_\_\_\_\_ Walls \_\_\_\_\_ Carpeting \_\_\_\_\_ Upholstery \_\_\_\_\_

Linen Colors \_\_\_\_\_ Table Cloths \_\_\_\_\_ Napkins \_\_\_\_\_ Skirting \_\_\_\_\_

Number of Guests Expected \_\_\_\_\_ Final Confirmation Date \_\_\_\_\_

Reception Time \_\_\_\_\_ End Time \_\_\_\_\_ Add'l Hour Rate \$ \_\_\_\_\_ \Hr \_\_\_\_\_

Service Type  Sit Down  Buffet  Food Stations

Notes \_\_\_\_\_