



Lighting Questionnaire
 Email this form to: terrywtunks@gmail.com

44 w Camp Ground rd
 Evansville, In.47710
 812-401-4931

Please Check One: BRIDE PARENT PLANNER / COORDINATOR

GENERAL INFORMATION

EVENT DATE:

CONTACT NAME:

ADDRESS

Address Line 1:

Address Line 2:

Address Line 3:

City:

State:

Postal Code:

Work Phone: -

Fax: Pager: Mobile: -

Home Phone: -

Email:

EVENT LOCATION INFORMATION

Location:

Room Name:

Contact:

Work Phone: -

Mobile: -

OTHER VENDOR INFORMATION

FLORIST:

Contact:

Work Phone: -

Mobile: -

COORDINATOR:

Work Phone: -

Mobile: -

ENTERTAINMENT: DJ: Band: Name:

Phone: -

EVENT TIMING INFORMATION

GUEST ARRIVAL Date: Time:

END TIME: Date: Time:

CEREMONY: Location: Time:

EVENT STYLE INFORMATION

Number of Guests: Number of Dining Tables:

Colors Being Used:

Types of Flowers:

Cake Location: In Room: On Dance Floor: In Foyer:

Head Table: No: Yes : If So, How many Arrangements ?

Scope of Event or Specific Lighting Requests:

return completed form asap to terrywtunks@gmail.com