

AQUEOUS

EVENT INFORMATION SHEET

CLIENT NAME & CONTACT PHONE NO:	
EVENT DATE:	
EVENT LOCATION:	
DURATION OF EVENT:	
NUMBER OF PEOPLE ATTENDING THE EVENT:	
EVENT THEME	

WHAT WOULD YOU LIKE TO SEE HAPPENING AT THE BEGINNING OF YOUR EVENT?

WHAT WOULD YOU LIKE TO SEE HAPPENING WHEN YOUR EVENT IS IN FULL FLOW

**HOW WOULD YOU LIKE YOUR EVENT TO BE BROUGHT
TO A SUCCESSFUL CLOSE?**

PLEASE PROVIDE SPECIFIC TIMES WHERE APPLICABLE

EVENT INTRICACIES

*ARE THERE ANY PARTICULAR COCKTAILS / FLAVOURS YOU WOULD LIKE TO FEATURE ON YOUR COCKTAIL LIST?
ANY ABSOLUTE MUST HAVES / MUST NOT HAVES?*