

WEDDING CATERING QUESTIONNAIRE

Primary Contact Person: (Name, Phone Number and Address)								
And/Or Wedding Planner Name and Number:								
Phone Number and Fax Number: Email Address(es):								
BRIDE'S NAME: Address and Phone Number:								
GROOM'S NAME: Address & Phone Number:								
Proposal to be sent to: Name and Address: (Include the email address, if you prefer it be sent via email.)								
WEDDING DAY & DATE: Start Time: Approximate Length of Ceremony: Location: Wedding Theme? Wedding Colors?								
RECEPTION: Approximate Number of Guests (minimum and maximum expected)?								
Setting:								
Reception Start Time: Reception End Time:								
Approximate amount of time lapse prior to hot foods being available for dining: When guests start arriving After formal welcome/greeting and/or toasts (approximate amt of time needed:)								

Lo	ocation of Reception:		
	Indoors –Kitchen available? Yes	No	
	Outdoors — Utilities and serving area available? Water Electricity Seating (Table & Benches/Chairs) Covered/Sheltered Area(s) Uncovered Area(s) Catering/Seating area(s) available?	☐ Yes No ☐ Yes No	
Rece	ption Beverage Service Requested		
Canned Soft Drinks Punch or Lemonade Bottled or Ice Water		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
Thing	gs to Avoid:		
	ial Meal Item Requests:		
Equi;	pment and Services Needed: Jumber of Service Tables Disposable Napkins (color, size, number) Disposable Dinnerware Disposable Utensils Disposable Glassware		
	Additional services requested: Leftover wedd n), centerpieces, etc.:	ding cake – cake top packaged, food-to-go (for br	ide and

WICKED SISTERS MENU CATERING NOTES:									

Other wedding related catering service options available:

- **▼ Rehearsal Dinner** Catering
 - **▼ Bachelor Party** Catering
- **▼ Bachelorette Party** Catering



Price proposals include catered meals only (no leftover food to go). Additional price proposals will be quoted for other services requested.

WICKED SISTERS CATERING

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Fax: