

gobsmackedPARTIES

NEW CLIENT INQUIRY

Name: _____
Guest of Honor: _____ Occasion: _____
Age: _____ Birthdate: _____

Phone: _____
Address: _____
Email: _____
Best place/time to reach: _____

Is this a surprise party? _____
Celebration type (birthday, shower, etc.): _____

Ideal Event date: _____ Time of day: _____
Alternate Date: _____

Preferred Location (if any): _____
Preferences: Indoor or Outdoor Home/Club/Other

Budget: _____

Theme: _____ Number of guests: _____
of Children _____ # of Adults _____

Please check off any items that you are interested in:
Characters: _____ Decor: _____ Games/Activities: _____
Invitations: _____
Music: _____ Photography: _____ Favors: _____
Food: _____
Other: _____

More information about the guest of honor (favorite colors, hobbies, likes/dislikes – any information that will assist with developing personalized party):

What have you liked/disliked about other events you have attended? _____
How did you hear about us? _____

Any additional information:



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Parties & Paper