**Brick & Barrel**

**Event Information Sheet**

**Must be turned in at least 2 weeks prior to event**

**General Information**

Client(s) Name:

Alt. Contact Person: Phone Number:

Guest Arrival Time (security in place): Event End Time:

Event Type: Dinner Service Time:

Estimated Guest Count\*: *\*Max 100 to include vendors*

Client Exit Time\*(exit of security guard): \**Please allocate time for your cleanup*

Email Address:

**Vendor Information (name & phone number)**

Coordinator: ( )

Bartender **requires** TABC & liquor liability insurance: ( )

Caterer uninsured require kitchen deposit: ( )

Baker: ( )

DJ **requires** liability insurance: ( )

Photographer: ( )

Rental Co.: ( )

Videographer: ( )

Officiant: ( )

Additional Vendor: ( )

Additional Vendor: ( )

**Wedding Information** *if applicable*

Ceremony Time: Cocktail Hour Time: