

TROCHITA'S

FLOWERS & GREENHOUSES

Event Planning Form

Party Planner Name

Co-Planner Name

Address

City

State

Zip

Telephone

Cell Phone

Email

Fax

Date of Event

Location(s)

Room Number or Name

Time of Event

Time Event Ends

Setup Times

Pick-Up Date and Time

Contact at Event Location

Caterer yes no Name

Lighting Company yes no Name

Visual / Audio yes no Name

Please Do Not Write Below This Line

Containers:

Flowers:

Votives: yes no Number
(if yes, copy to front office)

Table Cloths: yes no ColorVendor

Chair back Covers yes no ColorVendor

Special Props:

Oct 09