

This form must be turned in no later than 10 days before your event.

Event _____

Date of Event _____

GUEST COUNT & SCHEDULE

Please enter the number of guests, and times of your event.

Adults _____

Kids (3 to 10 years 1/2 Price) _____

Kids under 3 (free) _____

Vendors (Eating 1/2 Price) _____

Sit Down Meal Price _____

Event Times _____

Dinner Time _____

Bar Time _____

UPGRADES & ADD-ONS

Please check the box for your selections.

Ceremony Package

Deluxe Package

Smoke Box Infused Cocktails

Valet Parking

Rehearsal Dinner

Golden Package

Coffee Cart

Chiavari Chairs

Extra Serving Time is \$3 per hour, per person

Premium Bar Liquor, add \$5 per person

Add 1 Hour for Balcony Cocktail Hour (Grande or Crystal Ballrooms Only)

Ultimate Bar Liquor, add \$8 per person

Champagne Toast (All Guests) \$3 per person

Michigan Select Bar Liquor, add \$8 per person

Extra Beer _____

Extra Liquor _____

Extra Wine _____

YOUR APPETIZERS & MEAL

Please fill in all selections below.

Incentive Appetizer _____
(When Qualified)

Premium Appetizer _____
(Additional)

MEAL TYPE
Circle One

BUFFET

FAMILY STYLE

SIT-DOWN

FOOD STATIONS

APPETIZERS

Entree 1 _____

Starch _____

Entree 2 _____

Vegetable _____

Entree 3 _____

Salad _____

ADD-ONS
Circle One

CAKE

CUPCAKES

PIES

CANDY TABLE

OTHER _____

Late Night Snacks _____
(When Qualified)

Dessert _____
(Additional)

LINENS, SETTINGS & DECOR

Please fill in all selections below.

Of Guest Tables _____

White Linen Tablecloths (Included) _____
(Ivory or Black are \$6 each)

Head Table Size _____

Linen Napkin Color _____

Floor Plan - Chairs _____

ENTERTAINMENT

BAND

DJ

PHOTO BOOTH

OTHER _____