



THELMA SADOFF CENTER FOR THE ARTS

Name _____

Event Date _____

Please complete and return form or email us at info@thelmaarts.org.

Number of Guests: _____ Client arrives at THELMA (time): _____
Guests arrive (time) : _____

Your Vendors

Caterer (include contact name): _____
Phone: _____ E-Mail: _____

Photographer (include contact name): _____
Phone: _____ E-Mail: _____

Florist (include contact name): _____
Phone: _____ E-Mail: _____

Dessert (include contact name): _____
Phone: _____ E-Mail: _____

Entertainment (include contact name): _____
Phone: _____ E-Mail: _____

Other
Name: _____
Service Provided: _____
Phone: _____ E-Mail: _____

Other
Name: _____
Service Provided: _____
Phone: _____ E-Mail: _____

Is THELMA Providing Linens? _____ If No, Who is Providing Linens? _____

Comments or special requests: _____

