Date Here: **Customer Needs Form**

*Formally Hubbard Party Hire*

Unit 7/225 Mann Street

ARMIDALE NSW 2350

Phone (02) 6772 8024

Email: info@c2ceventhire.com.au



Your name First name Last Name

**Contact Information**

Work: Click here to enter Work Phone No.

Home: Click here to enter Home phone No.

Mobile: Click here to enter Mobile No.

Email Click here to enter Email address.

## Event Information:

1. What type of Event are you holding?

Please choose

*If other please write here* Click here to enter Event Type.

2. When is the Event Date? Click here to enter a date.

3. How long does the event go for? Click here to enter text.

4. How many of people do you think will be attending? Click here to enter text.

5. Have you hired any of our equipment before?

[ ] Yes [ ] No

## Portable Venue

1. Will you be requiring a marquee (This covers free stranding structures and peg and pole marquees)?

[ ] Yes [ ] No

*If no, skip to Flooring*

2. Have you hired a marquee before?

[ ] Yes [ ] No

3. Have you used our marquees before?

[ ] Yes [ ] No

4. Is your location suitable for the installation of your marquee?

[ ] Yes [ ] No [ ] Don’t know – Site inspection required

5. What type of surface will the marquee be installed on? Please choose

Choose an item.

*If other please list* Click here to enter.

6. Will the marquee need to be [ ]  pegged or [ ]  weighted

## Flooring

Select flooring type required

Full floor [ ] Yes [ ] No

Carpet [ ] Yes [ ] No

Dance floor [ ] Yes [ ] No

 Size - Click here to enter text.

## Lighting

Select lighting required

Inside marquee lighting [ ] Yes [ ] No

Outside lighting [ ] Yes [ ] No

Decorative lighting [ ] Yes [ ] No

Disco lighting [ ] Yes [ ] No

Stage lighting [ ] Yes [ ] No

Other Click here to enter.

## Catering

1. Have you made arrangements for catering? [ ] Yes [ ] No

2. If so who is the caterer for the event?

Other Click here to enter.

3. Will the caterers require a separate marquee?

[ ] Yes [ ] No [ ] Don’t know

4. Are you aware of what the caterer requires?

[ ] Yes [ ] No [ ] Don’t know

Click here to enter.

5. Is it a sit down meal or buffet

[ ] Yes [ ] No [ ] Don’t know

## Other items

Please select other items

[ ] Tables

[ ] Chairs

[ ]  Glassware

[ ]  Crockery

[ ]  Cutlery

[ ] Table clothes

[ ]  Cool rooms

[ ]  Toilets

Please list other equipment you may require.

|  |  |
| --- | --- |
| Items | Quantity |
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## Other notes:

Click here to enter text.

## Deliver and installation

Will delivery and installation be required or will you be picking up and Installing yourself

[ ] Delivered and installed [ ] Delivered and self-installing

[ ] Picking up and self-installing [ ]  Don’t know

**Delivery Address**

Address 1

Address 2

City Post code State

**Mailing Address**

Address 1

Address 2

City Post code State

Thank you