

Cool Springs House Vendor Event Checklist

Please submit this form two weeks before your event. Please complete all information and write N/A where not applicable

Event Name _____ Event Day/Date _____

Event Contact _____ Contact's Phone Number _____

<i>Vendor</i>	<i>Contact</i>	<i>Business #</i>	<i>Cell Phone</i>	<i>Email Address</i>	<i>Arrival Time</i>
<i>Planner</i>					
<i>Caterer</i>					
<i>Bartender</i>					
<i>Ceremony Music</i>					
<i>Reception Music</i>					
<i>Decorator/Florist</i>					
<i>Bakery</i>					
<i>Photographer</i>					
<i>Videographer</i>					
<i>Officiant</i>					
<i>Lighting</i>					