Please complete this form accurately so we can plan the correct stations, staff, stock and equipment.

1. CLIENT / BOOKING DETAILS

Client / Company Name

Contact Person

Contact Number

Email Address

Alternative Contact Person

Alternative Contact Number

2. EVENT DETAILS

Event Name

Event Date

Venue / Full Address

Google Maps Pin / Location Link

- ☐ Private Function
- ☐ Wedding
- ☐ Birthday
- ☐ Corporate Event
- ☐ Market / Festival
- ☐ School Event
- ☐ Sporting Event
- ☐ Promotional Event
- ☐ Other

If other, please specify

- ☐ Indoor
- ☐ Outdoor
- ☐ Both
- ☐ Outdoor setup will be under cover
- ☐ No cover available

3. EVENT TIMES

Required arrival / access time

Ready-to-serve time

Guest arrival / event start

Coffee service start

Coffee service end

Expected pack-down time

If venue access is available before the event, from what time?

4. EXPECTED NUMBER OF GUESTS

Expected number of guests

Expected number requiring coffee

- [ ] Guest number is confirmed
- [ ] Guest number is estimated
- [ ] Additional walk-ins expected
- [ ] No additional walk-ins expected

Estimated additional walk-ins

Guest numbers are essential for calculating coffee, milk, cups, stock, equipment and staffing.

Client initials

5. COFFEE STATION REQUIREMENTS

How many separate Soul Coffee setups do you require?

- [ ] 1 station
- [ ] 2 stations
- [ ] 3 stations
- [ ] 4 stations
- [ ] More than 4

If more than 4, specify number

Preferred station arrangement / locations

☐ Stations operate simultaneously

☐ Stations operate at different times

6. COFFEE VENDOR EXCLUSIVITY

Will Soul Coffee be the exclusive coffee vendor at this event?

☐ YES - exclusive coffee vendor

☐ NO - other coffee vendors will attend

Other vendor 1

Other vendor 2

Other vendor 3

Other

Please disclose all other coffee vendors so we can plan staffing, equipment, trailers and stock.

Client initials

7. EVENT SERVICE ARRANGEMENT

☐ Guests purchase their own drinks

☐ Client pays for all drinks

☐ Pre-paid number of drinks

☐ Unlimited coffee package

☐ Drink vouchers / tokens

☐ Other

Spending limit / package details

☐ Guests pay individually

☐ Client / organiser pays

Preferred payment method

8. VENUE AND SITE REQUIREMENTS

☐ Suitable power available

☐ No suitable power available

☐ Unsure

Number / location of available plug points

8. VENUE AND SITE REQUIREMENTS - CONTINUED

- ☐ Extension leads required
- ☐ Extension leads not required
- ☐ Unsure

Water

- ☐ Water available at station
- ☐ No water supply available
- ☐ Unsure

Parking and access

- ☐ Dedicated parking available
- ☐ No dedicated parking
- ☐ Loading close to setup
- ☐ Loading not close to setup
- ☐ Access restriction present
- ☐ No known access restrictions

Access restrictions / details

9. VENUE CONTACT / EVENT COORDINATOR

Name

Contact Number

Email

Will they be present on arrival? Yes / No

Who will show our team where to set up?

10. SETUP AREA

Approximate space per station

Restrictions on setup location

- ☐ Tables provided by client
- ☐ Shelter provided by client
- ☐ Flooring provided by client
- ☐ Soul Coffee to provide

Setup details, photo notes or instructions (photos may be emailed separately)

11. CLIENT CONFIRMATION AND DISCLOSURES

Please tick each box to confirm that you have read and agree to the following:

- ☐ The information supplied is accurate to the best of my knowledge.
- ☐ I have disclosed the expected number of guests.
- ☐ I have disclosed all known coffee vendors attending the event.
- ☐ I have disclosed significant access, parking, power and venue restrictions.
- ☐ I understand that station numbers affect trailers, equipment, stock and staffing.
- ☐ I understand that changes may affect the final price.
- ☐ I understand that additional stations may be required.
- ☐ I have provided accurate event times and setup requirements.
- ☐ I understand that Soul Coffee requires reasonable venue access.
- ☐ I understand that confirmation is subject to pricing, availability and service agreement.

I confirm that the information and disclosures above are complete and accurate.

Client Name

Signature / Typed Name

Date

Booking / Reference No.

12. RETURN THIS FORM

Save the completed PDF and email it to:

soulcoffee.events@gmail.com

For assistance, call 063 685 4450 or 082 657 3100.