

We Now Pronounce You Caterer And Bride!



Let

Levan's Catering
take the work out of
your wedding so all you
need to do is

Eat, Drink and Be
Married!



Weddings by Levan's Catering will give your wedding day the perfect flavor and distinction as you envisioned.

With over 300 weddings per years since 1950 Levan's has the luxury of employing a team of wedding professionals like no other Central Florida Caterer who's solely dedicated to turning your vision into the day of your dreams.

Our reliable, flexible wedding experts will guide you through the process to ensure that no detail will be forgotten.

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Levan's Catering Wedding Planner

Welcome to the Levan's Catering Wedding Planner. This guide was designed specifically to assist in planning your wedding reception with Levan's Catering.

Contained in this guide is the information, forms, documents, etc that you will need to participate in the Levan's Catering Wedding Program which you were automatically enrolled in by scheduling your first consultation and taste test.

You can for course discontinue your participation in this program at anytime by notifying your coordinator

To use this planner if you will note it is broken into 5 sections with a Guide Overview a check list and timeline to track and gage your progress in our program.

The following 5 sections represent the different stages of our program with instruction and any documents or forms you will need to prepare you for this meetings as necessary.

Plus we have included a resource section which is packed full of various items and useful information to assist you in planning your wedding day. It includes gift certificates and coupons from other vendor as well as links to area and vendors and additional items we feel might be of use to plan your wedding.

If you are in need of a complete wedding planner please speak with your coordinator. Levan's currently has 7 published wedding books, planners check sheet etc. Please see the resource section for more information.

Levan's Wedding Program Checklist

Step Meeting Description	Date	Completed
1st Consultation and Taste (Please Submit your Selections at least 72 Hours in advance)		
Receive Your Draft of Contract (This is for reference document to work on budgets and final menus)		
Deposit Due (Sometime before or during your next meetings)		
On Premise Walk thru (This must be coordinated thru your venue)		
2nd Taste China & Linen (Please submit your final menu selections and or specialty linens you need to view at least 72 hours in advance)		
Receive Your Final Contract (Please sign and return)		
30 Day Final Review (As Necessary)		
75% Deposit Due (Our comptroller will review amounts and balances)		
Accessories Drop & Final Payment (Our comptroller will review amounts and balances)		

Levan's Catering Taste Test Selection Form

(This form is to be used to tell us what foods you would like to try at your 1st Consultation and Taste)

Your name: _____

Taste Test Date: _____

Event Date: _____

Taste Test Time: _____

Circle the number of guest attending:

1

2

3

4

**We respectfully ask that only up to 4 people at our tastings. Also, please notify us of any food allergies.*

Menu Item Name	Type

Levan's Catering Taste Test Selection Form 2/3

Menu Item Name	Type

Levan's Catering Taste Test Selection Form 3/3

Menu Item Name	Type

Notes:

(This form is to be used to track your responses to tasted items during your private taste test)

Taste Test Date: _____

Taste Test Time: _____

1

2

3

4

[illegible]

	yes <input type="checkbox"/>	no <input type="checkbox"/>	maybe <input type="checkbox"/>
	yes <input type="checkbox"/>	no <input type="checkbox"/>	maybe <input type="checkbox"/>
	yes <input type="checkbox"/>	no <input type="checkbox"/>	maybe <input type="checkbox"/>
	yes <input type="checkbox"/>	no <input type="checkbox"/>	maybe <input type="checkbox"/>
	yes <input type="checkbox"/>	no <input type="checkbox"/>	maybe <input type="checkbox"/>
	yes <input type="checkbox"/>	no <input type="checkbox"/>	maybe <input type="checkbox"/>
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	yes <input type="checkbox"/>	no <input type="checkbox"/>	maybe <input type="checkbox"/>
	yes <input type="checkbox"/>	no <input type="checkbox"/>	maybe <input type="checkbox"/>
	yes <input type="checkbox"/>	no <input type="checkbox"/>	maybe <input type="checkbox"/>
	yes <input type="checkbox"/>	no <input type="checkbox"/>	maybe <input type="checkbox"/>

Special Notes:

Levan's Catering Wedding Questionnaire

(Please complete this form to the best of your ability and return to us as soon as possible)

Personal Information

The Bride

Last Name: _____

First Name: _____

The Groom

Last Name: _____

First Name: _____

Home Address (The the grooms address blank if they are the same)

Street: _____

Apt#: _____

City : _____

State: _____

Zip: : _____

Street: _____

Apt#: _____

City : _____

State: _____

Zip: : _____

Home Phone : _____

Cellular Phone : _____

Work Phone : _____

Fax : _____

E-mail : _____

Home Phone : _____

Cellular Phone : _____

Work Phone : _____

Fax : _____

E-mail : _____

Additional Contact Person:

Name : _____

Address : _____

Phone : _____

Name : _____

Address : _____

Phone : _____

Tell us about your wedding

Ceremony Info:

Brides Name: _____

Wedding Date: _____

Ceremony Location: _____

Length of Ceremony: _____

Ceremony Start Time: _____

Ceremony End Time: _____

Are you taking pictures after the ceremony at the ceremony site? Yes ☐

No ☐

If yes what is the estimated length of photo session: _____ /minutes

Is your ceremony at the reception site? Yes ☐

No ☐ (If no go to

Reception Information)

Estimated departure times from the ceremony site:

Guests: _____ Wedding Party: _____ Bride and Groom: _____

Estimated distance from ceremony site to reception site: _____ miles

Estimated drive time from the ceremony site to the reception site: _____ minutes

Are there any Flowers, Columns, Arches or any other decoration items used at the ceremony which will also be used at the reception? Yes ☐ No ☐
(If no go to Reception information)

If yes who is transporting these items:

Name: _____

Cell Phone #: _____

What is the expected arrival time of these items: _____

Are the items to be in place prior to the guests entering the reception?

Yes ☐

No ☐

Please describe the items/purpose and where they are to be placed:

Note: Your Coordinator from Levan's will review this with you in detail.

Special Notes:

Reception Info:

Brides Name: _____

Wedding Date: _____

Reception Location: _____

Phone #: _____

Number of Expected Guests: _____

Number of Guests Invited: _____

What percentage of Your Guests will be traveling to your wedding? _____%

Timing:

Contracted Block of Time: _____ to: _____

Set-up Start Time: _____ Set-up Completion Time: _____

Event Start Time: _____ Event End Time: _____

Estimated Guest Arrival Time: _____ Estimated Guest Departure Time: _____

Bride & Groom Arrival Time: _____ Bride & Groom Departure Time: _____

Are you having a cocktail hour? ☐ Yes ☐ No (If no, go to dinner time)

Cocktail Hour Start Time: _____ Cocktail Hour End Time: _____

Dinner Start Time: _____ Dinner End Time: _____

Breakdown Start time: _____ Breakdown Completion Time: _____

Special Notes:

Tell Us About You're Menu:

What are your favorite foods: _____

What Types of food are you considering for your Wedding?

What type of menu or menu's are you considering?

Breakfast ☐ Brunch ☐ Lunch ☐ Dinner ☐ Cocktails ☐

What is your preferred service style?

Formal Seated Service: Yes ☐ No ☐

What will be served tableside: Salad ☐
Dinner ☐
Dessert ☐
Coffee ☐
Water | Tea ☐

Formal Buffet Service: Yes ☐ No ☐

What will be served from stations: Salad ☐
Dinner ☐
Dessert ☐
Coffee ☐
Water | Tea ☐

Would You Like to Have a Cocktail Hour: Yes ☐ No ☐

What will this included: Cold Hd's ☐
Hot Hd's ☐
Buttlered ☐
Buffet ☐

Special Dietary Requirements

Do you or anyone in your immediate family have any special dietary requirements: Yes ☐ No ☐

Are you planning to making any special dietary arrangements for these guests: Yes ☐ No ☐

Are you planning to make any special dietary arrangements for any other guests: Yes ☐ No ☐

If No please proceed to the next section:

If Yes What is there relation to you: Friend ☐ Relative ☐

Are they in your wedding party: Yes ☐ No ☐

Additional Information Requested:

Do you need any additional vendors or services: Yes ☐ No ☐

Would you like us to give you name and address to any of our preferred vendors? Yes ☐ No ☐

If no you are finished Thank you.

If yes: What additional services do you require:

Gowns ☐ DJ ☐ Florist ☐ Invitations ☐ Tuxedo Rental ☐

Rentals ☐ Bands ☐ Bridal Accessories ☐

Never under any condition will Levan's Catering release any personnel information or wedding information to anyone with the expressed consent of the bride and/or the groom.

Levan's Wedding Accessories Drop List

(Please complete this form and bring it to your accessories drop and final meeting)

Item Name and Description	Count	Placement

Levan's Wedding Accessories Drop List 2/2

(Please complete this form and bring it to your accessories drop and final meeting)

Item Name and Description	Count	Placement