



Corporate Events Assessment Form



In order for us to create a package tailored specifically to your needs, please fill out the form below to the best of your knowledge. Once we receive a response, we will be in touch!

Contact Information

First name *

Last name *

Email Address *

Phone number *

Organization Name

Is your organization a non-profit?

Yes

☐

No

☐

Is your organization sales tax exempt?

Yes

☐

No

☐

If you answered yes to either, please provide ID number here





Event and Venue Information

Event Date *

Guest Count *

Event Type

Interested in Roots venue *

Yes ☐ No ☐

Event Venue

Event Start/End Time

Catering Information

Menu Preference (Find Attached Menu Documents)

- ☐ Roots Corporate Menu
- ☐ Roots Signature Menu
- ☐ Only Hors-D'oeuvres

Preferred Service Style

- ☐ Buffet
- ☐ Plated
- ☐ Family style
- ☐ Drop off

Additional Menu Options (Check all that apply)

Extra Hors-D'oeuvres ☐ Desserts ☐ Afternoon Snacks ☐

Are there any dietary restrictions you would like us to accommodate? Yes ☐ No ☐

If you answered yes, please explain:

Beverages

Are you Providing a bar for your Guests? Yes ☐ No ☐

Which of the following do you need us to provide? (Select all that apply)

- Liquor Delivery Coordination ☐ Non-Alcoholic Beverages ☐
- TIPS certified Bartenders ☐ Mixers & Garnishes ☐

Budget

What is your approximated budget range for catering?
(inclusive of food, staff, fees, rentals, and event coordination)

Thank you for providing us with this information!

If you have any additional details you would like to share,
please mention in the box below

