



INFORMATION REQUEST

Tell us about your event so we can create the perfect experience for you!

HOW TO SUBMIT THIS FORM

Complete the form, save the PDF, then email it to:

chuchibellas@gmail.com

Click the email address above to open your mail app with the recipient ready to go.

CLIENT INFORMATION

Full Name:

Phone:

Email:

Best Time to Contact:

Preferred Contact Method: ☐ Call ☐ Text ☐ Email

EVENT INFORMATION

Event Date:

Event Start Time:

Event End Time:

Estimated Guests:

Venue / Location Name:

Venue Address:

Indoor / Outdoor: ☐ Indoor ☐ Outdoor ☐ Both

OCCASION (Select One)

Birthday ☐ Corporate ☐

Wedding ☐ School ☐

Baby Shower ☐ Church ☐

Graduation ☐ Other:

THEME / COLORS

List your colors, theme words, vibe, or inspiration.

SPECIAL REQUESTS / NOTES

Share add-ons, setup requests, special needs, or anything important.

CREATING MEMORIES ONE SPIN AT A TIME!



CHOOSE YOUR EXPERIENCE

Tell us what you would like included in your event!

BOOTH OPTIONS (Select all that apply)

☐

360 Booth

☐

Selfie Booth

☐

Digital Sharing

☐

Unlimited Sessions

☐

Props

☐

Premium Props

☐

Custom Overlay

☐

Custom Start Screen

☐

LED Lighting

☐

Red Carpet

☐

Stanchions

☐

Attendant Included

EVENT DETAILS

Music Preference / Vibe:

Photo Style Preference:

☐ Colorful☐ Black & White☐ Both☐ No Preference

Social Sharing Requested?

Yes

No

Share To:

☐ Email☐ Text☐ Instagram☐ Facebook

Setup Location (where booth will be set up):

Any Setup Notes or Specific Requirements?

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TIMELINE & FINAL DETAILS

Help us plan the perfect experience for your event!

TIMELINE

Booth Arrival Time:

Setup Complete By:

Event Start Time:

Event End Time:

IMPORTANT DETAILS

Guest of Honor (if any):

Special Announcements (names to pronounce, dedications, etc.):

Key Moments (cake cutting, speeches, games, dances, etc.):

ADDITIONAL NOTES

Anything else we should know to make your event amazing?

CLIENT APPROVAL

By signing below, I confirm that the above information is accurate.

Signature:

Date:

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