

The VENUE COMPARISON worksheet



	VENUE #1		VENUE #2		VENUE #3	
VENUE NAME:						
VENUE ADDRESS:						
CONTACT NAME:						
EMAIL / PHONE:						
ESSENTIAL INFO						
DATES AVAILABLE:						
CAPACITY:	INDOOR #:	OUTDOOR #:	INDOOR #:	OUTDOOR #:	INDOOR #:	OUTDOOR #:
CEREMONY SPACE:	INDOOR: <input type="checkbox"/>	OUTDOOR: <input type="checkbox"/>	INDOOR: <input type="checkbox"/>	OUTDOOR: <input type="checkbox"/>	INDOOR: <input type="checkbox"/>	OUTDOOR: <input type="checkbox"/>
RECEPTION SPACE:	INDOOR: <input type="checkbox"/>	OUTDOOR: <input type="checkbox"/>	INDOOR: <input type="checkbox"/>	OUTDOOR: <input type="checkbox"/>	INDOOR: <input type="checkbox"/>	OUTDOOR: <input type="checkbox"/>
GETTING-READY SUITE:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
WHEELCHAIR ACCESS:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
ON-SITE PARKING:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
ON-SITE COORDINATOR:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
PACKAGES + PRICING						
CATERING: IN-HOUSE / PREFERRED LIST / BYO IS THERE A FOOD & BEV MINIMUM?						
ALCOHOL: IN-HOUSE / BYO / CORKAGE FEE?						
RENTAL FEE: HOW MANY HOURS IS INCLUDED?						
DEPOSIT AMOUNT:						
DEPOSIT DUE DATE:						
WHAT WE LIKE MOST ABOUT THIS VENUE: ♥						

