

The  
**VENUE COMPARISON**  
*worksheet*



	VENUE #1		VENUE #2		VENUE #3	
VENUE NAME:						
VENUE ADDRESS:						
CONTACT NAME:						
EMAIL / PHONE:						
<b>ESSENTIAL INFO</b>						
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"/>
<b>PACKAGES + PRICING</b>						
CATERING: <small>IN-HOUSE / PREFERRED LIST / BYO IS THERE A FOOD &amp; BEV MINIMUM?</small>						
ALCOHOL: <small>IN-HOUSE / BYO / CORKAGE FEE?</small>						
RENTAL FEE: <small>HOW MANY HOURS IS INCLUDED?</small>						
DEPOSIT AMOUNT:						
DEPOSIT DUE DATE:						
WHAT WE LIKE MOST ABOUT THIS VENUE: ♥						

