Hospitality Consulting Intake Form

Full Name: _____

Email Address: _____

Phone Number: _____

1. Goals & Objectives: _____
_____

2. Type of Business: _____
_____

3. Concept: _____
_____

4. Prior Experience: _____
_____

5. Target Demographic: _____
_____

6. End Goal: _____
_____

7. Location: _____
_____

8. Team Structure: _____
_____

9. Financing: _____
_____