

ENTERTAINMENT QUESTIONNAIRE

IMPORTANT: Please complete and return the following information at least two weeks prior to the date of your event to help us better serve you and your guests!

1. Date of Event: _____ Function Name: _____

2. **Schedule of Events:** Starting time of event: _____ Time for music to begin: _____
Time for meal to begin: _____

3. **Guest Attire:** Formal Semi-Formal Casual

4. **Number of Guests Expected:** _____

5. **Approximate Ages:** 12-17 _____% 18-30 _____% 31-40 _____% 41-55 _____%
56+ _____%

6. **Please Check the Musical Preferences of You and Your Guests:**

Top 40/Pop _____ Rock & Roll _____ Country _____ Oldies _____ Disco _____ Modern
Rock _____ Old School _____ Jazz _____ Big Band _____ 40's _____ 50's _____ 60's _____
70's _____ 80's _____ 90's _____ Any
Others _____

7. **Please List the Title and Artist of a Few of Your Favorite Danceable Songs:**

8. **Please List Your Other Party/Reception Professionals: (Where Applicable)**

- a. _____ d.
- b. _____ e.
- c. _____ f.

Please Use Second Page to tell US your Favorite Artist & Titles and PLEASE Do Not Play List, We Do Not want any of your Guests to be offended by Newer Music.

Other Important Information Please Use N/A if Does Not Apply

Contact at Location: _____ Phone # _____

Caterer: _____ Phone # _____

Photographer: _____ Phone # _____

Videographer: _____ Phone # _____

Wedding Coordinator: _____ Phone # _____

Other: _____ Phone # _____

Please list specific music requests on the *MUSIC REQUEST LIST*. **We have** an extensive selection of music, but may not have everything that is requested. However, every attempt will be made to fill all requests. At the event, your guests are welcome to make requests, but they will be played at the discretion of the DJ.