

## **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 tin	e of event: Time for music to begin:
3.	Guest Attire: Formal  Semi-F	ormal 🗖 Casual 🗖
4.	Number of Guests Expected: _	
5.	Approximate Ages: 12-17	% 18-30% 31-40% 41-55% 56+%
6.	Top 40/Pop ☐ Rock & Roll ☐	country Oldies Disco Modern Rock Old School O's 60's 70's 80's 90's
7.	Please List the Title and Artist	of a Few of Your Favorite Danceable Songs:
	a	d
	b	e
	C	f
8.	Please List Your Other Party/R	eception Professionals: (Where Applicable)
	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.