



rhythm in motion

DJ • LIGHTING • PHOTOBOOTH

Event Menu

Name: _____ Number of Guests _____

Best Phone: _____ Email: _____

Place of Performance: _____ Phone: _____

Name of Contact Person at Hall: _____ Email: _____

Room Name: _____ Stairs()Yes ()No Elevator()Yes ()No

A 6 Foot Skirted Table will be Provided ()Yes ()No

If photobooth booked, an additional skirted Table will be Provided ()Yes()No

Address of Hall: _____

Directions to Hall(attach map if necessary): _____

Caterers Contact Name: _____ Email: _____

Photographers Name: _____ Email: _____

Performance Hours:(: a.m./p.m.) to (: a.m./p.m.)

Please Describe the Dj personality you would like in Detail(ie. Subdued, interactive,grumpy):

Rate the Types of Music you would like to hear at your event:

(0-10 with zero meaning none and 10 meaning maximum concentration)

() Instrumental () Big Band () Polkas () Rock () Alternative

() Country () 50's () 60's () 70's () 80's () 90's () 2000's

() Top 40 () Other: _____



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List the Recording Artists you and your guests would enjoy dancing to:

(To allow your guests to make request, please do not exceed 8 artists)

List any Special Songs you and Your Guests would enjoy dancing to:

(To allow your guests to make request, please do not exceed 10 songs)

Song	Artist	Special Meaning

List any songs you DO NOT want played at your event:

Song	Artist

Would you like the DJ Direct Crowd Participation Activities(ie Chicken Dance, Hokey Pokey) ()Yes ()No

Note: The setup time is 2 hours. The DJ's area must be cleared 2 hours in advance. PLEASE RETURN AT LEAST ONE MONTH PRIOR TO EVENT