

Event Planner

Please complete and return form no later than **two weeks prior to your event.**

We are able to obtain almost any song you might request.
 If we are unable to obtain a song, we will contact you for an alternate selection.

<u>General Information:</u>	
Bride's Name:	Groom's Name:
Email:	Email:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

Wedding Date:	Guest Arrival Time:
Reception Venue:	Bridal Party Arrival Time:
Street Address:	Dinner Starts At:
City, State, Zip:	Dance Starts At:
Room Name:	Dance Ends At:
Contact Person:	Meal Provided for DJ(s): <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?
Contact Number:	Photographer:

<u>Reception Highlights (check yes or no):</u>			
Social/Dinner Music:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Select music preference: <input type="checkbox"/> Light Jazz <input type="checkbox"/> Instrumental <input type="checkbox"/> "Rat Pack" style (Sinatra, Martin, etc.)
Grand March:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List song name and artist:
Toast:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List name of person to give toast:
Blessing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List name of person to do blessing:
Dinner Served:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Select style: <input type="checkbox"/> Buffet <input type="checkbox"/> Sit Down
Bride and Groom Dance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List song name and artist:
Parents' Dance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List song name and artist:
Bridal Party Dance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List song name and artist:
Bouquet Toss:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Select style: <input type="checkbox"/> Formal <input type="checkbox"/> Casual <input type="checkbox"/> Anything Goes
Garter Toss:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Select style: <input type="checkbox"/> Formal <input type="checkbox"/> Casual <input type="checkbox"/> Anything Goes
Father/Daughter Dance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List song name and artist:
Mother/Son Dance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List song name and artist:
Other Special Dances:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List special dance(s), song name(s), and artist(s):

