



Music Information Sheet for Your Function

Groups Names _____

Date of Function _____

Location _____ Room _____

We want your function to run as smoothly as possible. Please take a few minutes to complete the following form. Please be sure to email or fax it back to our office 3 weeks prior to your function.

Is there a late lunch? Yes No Time _____

Is there a silent auction? Yes No Time _____

Will you be drawing all prizes or just grand prizes? _____

Types of Music Requested:

Top 40	<input type="checkbox"/>	50's & 60's	<input type="checkbox"/>	90's	<input type="checkbox"/>
Classic Rock	<input type="checkbox"/>	70's	<input type="checkbox"/>	Older Crowd Music	<input type="checkbox"/>
Country	<input type="checkbox"/>	80's	<input type="checkbox"/>	EDM	<input type="checkbox"/>
Others	<input type="checkbox"/>	Please Specify _____			

Please Do Not Play: _____

Please feel free to include some of your favorite genres and artists: _____

Notes to D.J.: _____
