



Music Request Sheet

Party Date _____ Client Name _____

In order to customize your affair and to ensure your pleasure on your special day, please complete this form and return it to our office *Two weeks before your party*. Please understand that every effort will be made to fulfill each request but *sometimes circumstances prevent us from complying*.

Type of Music Desired (Check Boxes Below)

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> 1940's Swing | <input type="checkbox"/> 1950's | <input type="checkbox"/> 1960's/Motown | <input type="checkbox"/> Classic 70's Disco |
| <input type="checkbox"/> Dance Rock & Roll | <input type="checkbox"/> New Wave | <input type="checkbox"/> Top 40 | <input type="checkbox"/> 80's Disco/Dance |
| <input type="checkbox"/> Latin Rhythm | <input type="checkbox"/> Ethnic | <input type="checkbox"/> Old School | <input type="checkbox"/> Jazz/Fusion |
| <input type="checkbox"/> Country Western | <input type="checkbox"/> Alternative | <input type="checkbox"/> Hip Hop | |

Other _____

Favorite Artists

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Favorite Songs

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

I Hate List

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |