



PERSONAL DATA

A Professional Mobile D.J. Service

GENERAL INFORMATION

Name	Company	
Telephone	or	email:
Party Location		
City	State	<i>Include map if possible</i>
Date of Event	Time from	Time to
Approximate Number of Guests	What time may we set-up <i>as early as possible, please</i>	

Please mail this completed form 2 to 3 weeks prior to event date.

MUSIC		TYPE OF EVENT	AGENDA
Top 40	%	<input type="checkbox"/> Graduation	Arrival of Party o'clock
Classic Rock	%	<input type="checkbox"/> Class Reunion yrs	Dinner Served o'clock
Disco, 80's & 90's	%	<input type="checkbox"/> Anniversary yrs	Speaker o'clock
50's & 60 Motown	%	<input type="checkbox"/> Birthday yrs	o'clock
Country & Western	%	<input type="checkbox"/> Other please specify	o'clock

(please list song name and artist) FAVORITE SONGS

1	9
2	10
3	11
4	12
5	13
6	14
7	15
8	16

SONGS NOT TO PLAY

SPECIAL EVENTS
