



PERSONAL DATA FORM

Please complete and mail this form a minimum of 2-3 weeks prior to your event date

GENERAL INFORMATION

Name _____ Company _____

Phone # _____ Alternate Phone # _____

Party Location Address _____

City _____ State _____ (include map if possible)

Date of Event _____ Time From _____ Time To _____

Approximate Number of Guests _____ What Time May We Set Up? (as early as possible, please) _____

MUSIC

TYPE OF EVENT

AGENDA

Top 40	%	Graduation	Arrival of Party	o'clock
Classic Rock	%	Class Reunion	Dinner Served	o'clock
Disco, 80's & 90's	%	Anniversary # yrs	Speaker	o'clock
50's, 60's & Motown	%	Birthday # yrs		o'clock
Country & Western	%	Other (please specify)		o'clock

FAVORITE SONGS (please list song name & artist)

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

SPECIAL EVENTS

Please Complete and Mail to: **Jim Lieber • Sounds of Music • P.O. Box 355 • Maumee, OH 43537 • 419-893-5888**