Party Information

PLEASE PRINT CLEARLY
BLACK PEN ONLY

Event Date _____ Time_____ Occasion _____

Customer Name _____ Location_____

Genre of Music Requested:

☐ Club/Dance ☐ Hip Hop ☐ Reggeaton ☐ R&B ☐ 50s/60s ☐ 70s ☐ 80s ☐ 90s

☐ Classic Rock ☐ Rock/Pop ☐ Latin ☐ Caribbean ☐ Country ☐ Party Dances

Dance Songs	**Slow Songs**
	Dinner Songs

Don'ts _____

_____

Special Requests _____

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