

SOUNDSTAGE

Special Event Questionnaire

Purchaser's Information

Name:
Address:
City:
Zip:
Phone:
Cell:
e-Mail:
Size of Venue:

Event Information

Venue:
Address:
City:
Phone:
Venue Contact:
Date of Event:
Time of Event:
Guest Count:

Preferred Styles of Music

Oldies 80's Country Classic Rock Swing
Jazz Disco Latin Heavy Metal House
Blues Funk Motown Alternative R&B
Reggae World Hip Hop Urban Eclectic Trance
Classic Vocalists Other:

	Yes	No
Will there be a meal at the event?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be a blessing and/or toast over the meal/bread?	<input type="checkbox"/>	<input type="checkbox"/>
Sit down meal?	<input type="checkbox"/>	<input type="checkbox"/>
Buffet?	<input type="checkbox"/>	<input type="checkbox"/>
Will the DJ be invited to eat?	<input type="checkbox"/>	<input type="checkbox"/>

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Are there any styles of music or specific songs you do NOT want played?

Special Songs?

Favorite Artists?

Any additional special announcements, provisions, requests, notes?

***** Please fill out and return at least two to three weeks prior to the event*****

Please mail to:

SoundStage
1417 Fallowfield Avenue
Pittsburgh, PA 15216
www.SoundStageDJ.com

E-Mail to:

SoundStage@SoundStageDJ.com

Questions/Concerns:

Phone: (724) 413.6228

Please note: This questionnaire may be mailed separately from the contract