

Event Planner

Event Date: _____ Contact Name: _____ Advisor's Name: _____

School/Facility Name: _____ Set Up Location: _____

Day Phone: _____ Evening Phone: _____ Cell#: _____

Facility Contact: _____ Facility Phone: _____

Are there stairs or is it easily accessible for equipment load in: Yes No

NOTE: There may be a \$50 stair load in fee. Call for details.

Dress Code: _____ Casual _____ Semi Formal _____ Tux _____ Other _____

Event Theme: _____ Event Song: _____

List your Organizations favorite TOP TEN Songs:

- | | | |
|-----------|----------|----------|
| 1) _____ | 2) _____ | 3) _____ |
| 4) _____ | 5) _____ | 6) _____ |
| 7) _____ | 8) _____ | 9) _____ |
| 10) _____ | | |

We will take requests the night of the event & we will do our best to play as many as we can. Thank You!

Please list any songs that may be inappropriate for your event:

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

ADDITIONAL INFORMATION

Are there any special announcements or activities planned that we should know about

Will there be awards, door prizes, drawings? YES NO

If Yes, would you like our help? YES NO

Would you like us to perform any ice breakers? (Chicken Dance, Limbo, Contests, etc.)
 YES NO

Thank You for taking the time to fill this planner out. Your DJ will be in contact with you the week of your event. If you have questions or concerns before then, please call our office. Thank You!