

Entertainment Questionnaire

Important: Please complete and return the following information at least two weeks prior to the date of your event to help us better serve you and your guests.

Date of Event: _____ Function Type: _____

Location: _____

Schedule of Events: Starting time of event: _____ Ending time of event: _____

Guest Attire: Formal Semi-Formal Casual

Number of Guests Expected: _____

Approximate Ages: 12-17 _____% 18-30 _____% 31-40 _____% 41-55 _____% 56+ _____%

Music Volume: Not that Loud Loud Enough Dance Club Loud

Music Preference: (Please circle)

Top 40

Hip Hop

Rock

Classic Rock

Country

Club/ Techno

R&B

Other: _____

Please specify any songs, musical categories or genres that you would classify as not in good taste:
