



GENERAL EVENT INFORMATION FORM

WEDDING INFORMATION

Client(s) names, contact numbers and E-Mail:

Date of Event:

Type of Event:

Name of Person(s) (Who the parties for)

Start Time:

Finish Time:

Location of Event

(Name of venue, complete address, point of contact, etc.)

Number and age range of guests:

Are there any special presentations that will be made during the event (Please List Below)?

If so, is there any specific music required for that (Please List Below)?

"Must-Have" or "Favorite" Songs for the Event *(dancing, slow songs, etc.)*:

Song Name	Artist

Preference for flow of music for the event if you have any *(example: start at normal volume and get louder throughout the night)*, or any other requests or specifics:

"Must-Not-Play" Songs, Artists or Types of Music for the Event:

Song Name or Type (i.e. country music)	Artist

Preferences/Requests on Equipment/Lighting

Effects Machines (Snow, Haze, Dry-Ice, Bubbles, Smoke, Confetti Canon, Flame, Fireworks)
Lighting (Up Lighting, Retro Lighting, Laser Light Show, Standard LED Lights)
(Please List Below)

Any Other Requirements (Not Listed):

