



MUSIC AGENDA

Date of Event

Name: _____

Home Phone: _____ Work Phone: _____

Place of event: _____

Address/Directions: _____

Room Name: _____

Type of Function: _____ Number of Guests: _____

Dinner Music: ____:____ to ____:____ Performance Time: ____:____ to ____:____

Please indicate to what extent you prefer the DJ to be involved:

Subdued

Moderately Involved

Interactive

Please indicate the types of music you would like played by rating on a scale from least preferred (0) to most favored (5):

50's _____ 60's _____ 70's _____ 80's _____ 90's _____ ROCK _____

COUNTRY _____ BIG BAND _____ INSTRUMENTAL _____ R&B DANCE _____

POLKAS & WALTZES _____ ALTERNATIVE _____

Please list any additional songs or artists that you would like added to or eliminated from your event:

Other Comments: _____