

Favorite Songs

Please take a moment to list of some songs you would like to hear at you event

Name of Event:	Date of Event:
Title	Artist
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Additional Information (ex: other genres, artists, etc. or Do not play list):

****All forms must be submitted at least 2 weeks prior to date of event****