



CONTRACT QUESTIONNAIRE

PLEASE COMPLETE THE APPROPRIATE QUESTIONS AND RETURN IT WITHIN ONE MONTH OF YOUR EVENT:

DATE OF EVENT: _____ TIME/PLACE OF EVENT: _____

EVENT CONTACT: _____ PHONE: _____

APPROXIMATE GUESTS: _____ ARRIVAL TIME OF GUESTS: _____

PLEASE CHECK ALL STYLES OF MUSIC REFERED:

<input type="checkbox"/> TOP 40	<input type="checkbox"/> BEACH	<input type="checkbox"/> SOUL/R&B	<input type="checkbox"/> HIP HOP/RAP	<input type="checkbox"/> ROCK
<input type="checkbox"/> LINE DANCES	<input type="checkbox"/> COUNTRY	<input type="checkbox"/> EDM/HOUSE	<input type="checkbox"/> BIG BAND/JAZZ	<input type="checkbox"/> REQUESTS

PLEASE SELECT THE ATTIRE THAT YOU WOULD PREFER THE DJ TO WEAR:

BLACK/DARK
 KHAKI/WHITE
 CASUAL
 NO PREFERENCE

TIMELINE/NOTES/INSTRUCTIONS/SPECIAL SONGS ETC:
