



WEDDING INFO SHEET

Bride: _____ Phone: _____

Groom: _____ Phone: _____

EmailAddress(es): _____

Date of event: _____

Wedding ceremony location: _____

OR, will ceremony also be at reception venue? Yes No If no, will ceremony need: Sound system? Mic's?

Will ceremony music also be provided by Keystone? Yes Partially No Not Sure

Ceremony time: _____ Approx. end time: _____ Distance to reception: _____ N/A

Ceremony address: _____

Reception start time (if known): _____ Expected Ending Time: _____

Reception Location: _____

Approx # of guests: _____ Will clergyman attend reception? Yes No

Do you wish to play any icebreaker or newlywed games? Yes No

Grand Entrance: Do you wish to be introduced into the reception? Yes No

Cake Cutting: Will bride and groom participate in a cake cutting? Yes No

New Couple's First Dance: Yes No

Bridal Party Dance: Yes No

Special Dances:

Bride and Father Song? Yes No BD / AD

BD= "before dinner"; AD= "after dinner"

Groom and Mother Song? Yes No BD / AD

Bride and Mother Song? Yes No BD / AD

Do you wish to do an anniversary dance?: Yes No

Garter & Bouquet: Yes No

Dollar dance: Yes No

Circle or cross out styles of music that you like or dislike, respectively:

Top 40 Pop Top 40 Rock Top 40 Hip-Hop Top 40 R&B Top 40 Country
Soft Jazz Acid Jazz Standards Top 40 Oldies: 40's 50's 60's 70's 80's
90's 2000's Classic Rock Old School Motown Classic Country
Techno Underground Dubstep Ska Other: _____

Do you wish to have a party motivator at your event? Yes No

Photographer Name: _____

Videographer Name: _____

Wedding Planner, if applicable: _____

Wedding Colors: _____ Florist needed? _____

Wedding Theme: _____

Are you interested in learning more about lighting for your event? Yes No

Please feel free to elaborate: _____

Are you interested in learning more about decor and/or florals for your event?

Package Preference: 1 DJ 2 DJ other: _____

DJ 1 Preference: _____ younger /mature guy/girl No preference

DJ 2 Preference: _____ younger /mature guy/girl No preference

For Keystone Use Only:

Date of first contact: _____ Referred by: _____

Appt. date/time: _____ Location: _____

Follow-up: _____

Notes: _____