



KEYSTONE
ENTERTAINMENT

SPECIAL EVENT INFO SHEET

Contact Name: _____ Phone: _____

Email Address(es): _____

Date of Event: _____

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

Type of Event: _____

Event Name, if applicable: _____

Event Venue: _____ Room/Building: _____

Event Address: _____

Event City/State/Zip _____ Area: _____

Contact Name: _____ Phone: _____

Approx # of guests: _____ Guest(s) of honor (if applicable) _____

Do you wish to play any icebreaker/get acquainted games? Yes No

Will anyone need introduced into the room? Yes No _____

Will there be a cake cutting? Yes No Desired song: _____

Special Dance: Yes No Title: _____ BD / AD

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

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: _____

Event Planner, if applicable: _____ Need planner _____

Event Colors: _____ Theme: _____

Services Needed: Dance Lighting____ Uplighting____ Monogram____ Photobooth _____

Day-of Coordination____ Photographer____ Videographer____ Florals____ Décor _____

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: _____