Beyond the Beat Entertainment
Music Selection Information

Please fill out this form to the best of your capability.

Event: _____

Event Type: _____

Date ____/____/____ Location _____

Genres of music you and/or your guests may like: (Please check the following that apply)

Big Band/Swing_____ 50s/60s____ Motown _____ 70s Disco_____ 80s_____ 90s_____

2000s_____ Top40____ Hip-Hop_____ Dance _____ Rock_____ Country_____ Pop_____

Rap_____ EDM_____ Old School Hip Hop _____ Reggae_____ Latin_____ Caribbean

On a scale of 1-10 (10 being the highest) Are you and your guests a dancing crowd? _____

MUST playlist:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Do NOT Playlist:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Additional song requests:

Notes or specific requests: