

COMMUNION MUSIC PLANNER

**Please have this event planner completed AT LEAST 2-3 WEEKS PRIOR to your event date.

Contact Information

Client Name:		
Address:		
Contact #1 Name:	Cell #: ()
Email Address:		_
Eve	nt Informatio	<u>n</u>
Event Date:	Start Time:	End Time:
Venue Name:		
Venue Address:		
Name(s) of Guest(s) of Honor:		
Will Guest of Honor dance wit	h his/her Mother / I	Father? Yes No (Circle One)
If Yes, to what song? Title:		_ Artist:
Names of P	Parents & God	l Parents
PARENTS:		GOD PARENTS:



Music Requests

YES OR **NO** (circle one)

Do you wish to honor requests given by your guests? Please check the types of music you wish to have played at your event: Popular hits from the following decades or genres: 50's _____ 60's ____ 70's ____ 80's ____ 90's ____ 00's ____ Commercial Radio _____ Hip Hop _____ Popular Country Music ____ Reggae _____ Sing-a-long Rock ____ Old School Hip Hop _____ Commercial Hip Hop _____ Commercial/ Vocal House _____ EDM ____ Latin Dance / Reggaeton ____ **Audience Participation Choices / Kid's Activities:** Cotton Eyed Joe ____ Cha Cha Slide ___ Cupid Shuffle ____ Wobble ____ Apache (Jump On It) _____ Whip Nay Nay ____ Party Train ____ Scavenger Hunt _____ Musical Chairs ____ Mummy Wrap ____ Freeze Dance _____ DO NOT PLAY LIST Please List any SONGS, ARTISTS, or GENRES that you DO NOT WISH TO HEAR during your Special Event.



Music Requests CONTINUED

Please list any SONGS, GENRES or ARTISTS that you would LIKE TO HEAR during your Special Event (Up to 30).