



Perfect Party Planner

**Please have this event planner completed AT LEAST 1 MONTH PRIOR to your event date.

Contact Information

Client Name: _____

Address: _____

Contact #1 Name: _____ **Cell #:** () _____

Email Address: _____

Contact #2 Name: _____ **Cell #:** () _____

Email Address: _____

Event Information

Event Date: _____

START Time of Event: _____ **END Time of Event:** _____

Venue Name: _____

Venue Address: _____

Name(s) of Guest(s) of Honor: _____

Referred By: _____



Music Requests

Do you wish to honor requests given by your guests? **YES** OR **NO** (*circle one*)

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: (ONLY IF DESIRED)

Cotton Eyed Joe X Cha Cha Slide X Electric Slide _____

Cupid Shuffle _____ Apache (Jump On It) _____

Wobble _____ Watch Me (Whip Nay Nay) _____

**** Please List any SONGS, or GENRES of music that you**

DO NOT PLAY LIST

Please List any SONGS, ARTISTS, or GENRES that you DO NOT WISH TO HEAR during your Special Event.

