



Perfect Sweet 16 Planner

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

General Information

Client Name: _____

Address: _____

Phone#: Home: _____ Cell: _____

Email Address: _____

Date of Event: _____ Times of Event: _____

Name of Venue _____

Referred By: _____

Name of Guest of Honor _____

Name/ Nickname for Announcements _____

Color of Dress _____

Theme of Party (if any) _____

Cocktail Hour: Yes No Cocktail in same room as reception: Yes No



Introductions

Would you like a special introduction for the Guest of Honor? (Y) (N)

Court or Family Members

Do you have a COURT or SELECT FAMILY MEMBERS that you would like introduced before the Guest of Honor makes her Grand Entrance? (Y) (N)

If YES, Who will be announced and what order will they enter the room in?

1. _____

2. _____

3. _____

4. _____

5. _____

What SONG do you want THIS GROUP to come out to?

Title/Artist: _____

Guest of Honor:

Name: _____ Escorted by (IF DESIRED) _____

What song would you like the GUEST OF HONOR to come out to?

Title/Artist: _____

Special Dances

Is the Guest of Honor dancing with her?

(Father)

(Mother)

(Both)

If YES, What song(s) do you choose to dance to?

Mother _____

Father _____

Does the Guest of Honor want to have a special dance with anyone else? (Y) (N)

If YES, What is their name? _____

What song will they dance to?

Title/Artist: _____

Candle Ceremony

Will the Guest of Honor be having a Candle Lighting Ceremony? (Y) (N)

If YES, please answer the following questions:

Which friend will hold the lit candle for the Guest of Honor during the ceremony?

Name: _____

How long are the candle lighting speeches?

(Short)

(Medium Length)

(Long)

Kindly fill out the form on the next page with your song choices (title/artist) and list of names for each your candles. This allows us to have our own copy in our DJ booth, so that even if a candle is skipped, we will know who you intended the candle to go to. Make sure that you make an additional copy of the candle list and please make sure that the speeches that you wrote are in the same order.



Candle Lighting Ceremony

Number	Song (Title/Artist)	Dedicated to:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____



Music Requests

Do you wish to honor requests given by your guests? YES or NO

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 _____ Country & Western _____ Slow Songs _____

Reggae _____ Sing Along Rock _____ Old School Hip Hop _____ Commercial Hip Hop _____

Commercial/ Vocal House _____ EDM _____ Latin Dance/ Reggaeton _____

Audience Participation Choices: (ONLY IF DESIRED)

The Tarantella _____ The Hora _____ YMCA _____

Twist _____ Cotton Eyed Joe _____ Cha Cha Slide _____

Cupid Shuffle _____ Apache _____ Electric Slide _____

Wobble _____ Watch Me (Whip Nay Nay) _____

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

DO NOT WISH TO HEAR at your Sweet Sixteen. **



Music Requests CONTINUED

Please list any songs, band, or artists that you would LIKE TO HEAR during your Sweet Sixteen Reception (Up to 30).

Thank you for choosing L. I. Nights Entertainment for your Sweet Sixteen Event.

It's your special day and we would like it to be an amazing experience that you will cherish forever. Please don't hesitate to contact us with any questions, comments, or concerns that you may have for your Sweet 16.

Contact Information

Email: info@lieventdjs.com

Mail: L.I. Nights Entertainment: 427 Route 25a, Rocky Point, N.Y. 11778

Phone: (631) 791 – 9696 **Fax:** (631) 938- 1231

Web: www.lieventdjs.com