



PARTY QUESTIONARE

Date of Event _____

Theme Party? YES NO (if yes theme party type)_____

Music Services Start Time_____ End Time_____

CONTACT INFORMATION

Primary Name _____ Contact Phone #()_____

Alternate Name _____ Contact Phone #()_____

Mailing Address _____ City _____ State _____

Zip Code _____

Alternate Phone# () _____

EVENT LOCATION

Name of Event Location i.e. "Hilton" _____

Address of Event _____

City _____ Zip _____

Name of Contact Person at Event Location _____

Is the Event being held (Circle one) **Outside** **Inside** **Boat** **Other** (Please specify below)

Are their stairs? (Circle one) **Yes** **No**

Where do we enter? (Circle one) **Front Entrance** **Rear Entrance** **Other**

Guest arrival Time _____

