adam's dj service

Event Planner Form

Event Contact: _____

Group / Organization / Type of Event: _____

Date Of Event: _____ Setup Time: _____ Start Time: _____ End Time: _____

Location Name: _____

Address: _____

Phone Number(s): _____

Music Types / Eras Required:	Timeline of Event:
❑ Big Band / Swing	_____
❑ Vocal Jazz (Classics/Sinatra)	
❑ Jazz (Instrumental)	_____
❑ 60's Rock	
❑ 70's Rock	_____
❑ 80's Rock	
❑ Love Songs	_____
❑ 80's New Wave	
❑ 90's Dance	_____
❑ New Top 40	
❑ Hip Hop / Rap (Lyrics?)	_____
❑ Reggae	
❑ Rhythm & Blues	_____
❑ Alternative Rock	
❑ Adult Contemporary	_____
❑ Ska / Dance Hall	
❑ Latin / Salsa / Tango	_____
❑ Electronica / Dance	
❑ Disco	_____
❑ Old Country	
❑ New Country	_____
❑ Christian Music	
❑ Easy Listening / Lounge	_____
❑ Holiday Music	
❑ Other	_____