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:

- ❑ 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

Timeline of Event:

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