

Michael Thomas Entertainment

Event: _____

Date: _____ **Location:** _____

Contact info:

Contact Name _____ Number: _____

Alternate Contact Name _____ Number: _____

Event Schedule (Fill In Description & Times):

_____	_____ - _____
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____

Guest Attire (Circle One): Formal / Semi-Formal / Casual

Number of Expected Guests: _____

General Music Preferences (Circle One)

Country: Like / Dislike

Top 40: Like / Dislike

50's/60's: Like / Dislike

60's/70's Rock: Like / Dislike

70's Disco: Like / Dislike

80's: Like / Dislike

R&B: Like / Dislike

Hip Hop: Like / Dislike

Heavy Metal: Like / Dislike

Classical: Like / Dislike

Polka: Like / Dislike

Line Dances: Like / Dislike

Must Plays During Open Dance:

Song Name: _____ Artist: _____

Song Name: _____ Artist: _____

Song Name: _____ Artist: _____

Song Name: _____ Artist: _____

Song Name: _____ Artist: _____

Do Not Plays:

Song Name: _____ Artist: _____

Song Name: _____ Artist: _____

Song Name: _____ Artist: _____

Song Name: _____ Artist: _____

General Artists Like/Dislike:

Artist/Group _____ Like / Dislike

Artist/Group _____ Like / Dislike

Artist/Group _____ Like / Dislike

Artist/Group _____ Like / Dislike

Artist/Group _____ Like / Dislike

Artist/Group _____ Like / Dislike

Artist/Group _____ Like / Dislike

Artist/Group _____ Like / Dislike

Can We Take Requests? Yes / No