



PARTY INFORMATION SHEET

Please fill out and return to main office ONE MONTH prior to event. Artist will call the week of the function.

Name of customer: _____ Name of entertainer(s): _____

Name of company (if applicable): _____ Date of event: _____

_____ Time of event: _____

Name of contact person: _____ Phone - day: _____

Best time and day to call: _____ Phone - night: _____

Attire:

- Tux Suit Slacks Jeans Open Collar Dress Shirt/Tie
 Theme Attire Other: _____

Location (address, phone & name of room): _____

Expected number of guest: _____ Age range of guests: _____

Type of party: _____

Styles of music you and your guests would most enjoy hearing:

- | | | | | | |
|----------------------------------|------------------------------------|---------------------------------------|----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Rock | <input type="checkbox"/> Pop/Top40 | <input type="checkbox"/> Rap | <input type="checkbox"/> New Age | <input type="checkbox"/> Jazz | <input type="checkbox"/> Swing/Big Band |
| <input type="checkbox"/> 40's | <input type="checkbox"/> 50's | <input type="checkbox"/> 60's | <input type="checkbox"/> 70's | <input type="checkbox"/> 80's | <input type="checkbox"/> 90's |
| <input type="checkbox"/> Country | <input type="checkbox"/> Classical | <input type="checkbox"/> R&B/Dance | <input type="checkbox"/> Motown | <input type="checkbox"/> Disco | <input type="checkbox"/> Ethnic |
| <input type="checkbox"/> Latin | <input type="checkbox"/> Ballroom | <input type="checkbox"/> Other: _____ | | | |

Please list a few of your favorite artists from the styles you selected above: _____

Special songs you would like to have played (list title and artist): _____

Are there any styles of music you definitely NOT want played? Yes No

If yes, please specify: _____

If yes, would you want it played if someone requests it? Yes No

Are there any special announcements you want to have made? Yes No

If yes, please specify: _____

Type of atmosphere you like to create: Conservative..... Lively In-between

Are there stairs involved when entertainer(s) are loading equipment? Yes No

Is there a service or public elevator for loading equipment? Yes No

Is there a stage, platform or cement area for the entertainer(s)? Yes No

Will entertainer(s) be set up in a shaded area? Yes No

Are there any parking fees? Yes No

If yes, please make arrangements to have fees validated for the entertainer(s).

Is stage located next to the dance floor for the comfort of your guests? Yes No

Will the entertainer(s) be invited to eat? Yes No

Name of person filling out this form: _____ Phone: _____

Email: _____

Please make balance payable to the artist (see contract – cash, cashier's check or money order preferred, company checks will also be accepted). Balance does not reflect gratuity. If you are pleased with your service, please feel free to tip the artist. It is greatly appreciated.

**Please return to The Event Consultants via fax, regular mail or e-mail ONE MONTH prior to event.
Artist will call the week of the function.**

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