

TCN Entertainment

Quinceanera Questionnaire

Please complete this form to help us create your perfect celebration

Basic Event Information

Event Date (MM/DD/YYYY): _____

Host/Organizer Name: _____

Host Phone Number: _____

Host Email Address: _____

Event Start Time: _____ : _____ [] AM [] PM

Event End Time: _____ : _____ [] AM [] PM

Number of Guests: _____

Venue Information

Reception/Main Venue Name: _____

Reception Address (Street, City, State, Zip): _____

Venue Phone Number: _____

Order of Events and Time

Please list the order of events for your celebration with their scheduled times:

| Order | Event Name | Time |
|-------|------------|-----------------------------|
| 1 | | _____ : _____ [] AM [] PM |
| 2 | | _____ : _____ [] AM [] PM |
| 3 | | _____ : _____ [] AM [] PM |
| 4 | | _____ : _____ [] AM [] PM |
| 5 | | _____ : _____ [] AM [] PM |
| 6 | | _____ : _____ [] AM [] PM |
| 7 | | _____ : _____ [] AM [] PM |
| 8 | | _____ : _____ [] AM [] PM |
| 9 | | _____ : _____ [] AM [] PM |
| 10 | | _____ : _____ [] AM [] PM |
| 11 | | _____ : _____ [] AM [] PM |
| 12 | | _____ : _____ [] AM [] PM |
| 13 | | _____ : _____ [] AM [] PM |

| | | |
|----|--|-----------------------------|
| 14 | | _____ : _____ [] AM [] PM |
| 15 | | _____ : _____ [] AM [] PM |
| 16 | | _____ : _____ [] AM [] PM |
| 17 | | _____ : _____ [] AM [] PM |
| 18 | | _____ : _____ [] AM [] PM |
| 19 | | _____ : _____ [] AM [] PM |
| 20 | | _____ : _____ [] AM [] PM |

Note: List your events in chronological order with their scheduled times.

Quinceanera Information

Quinceanera's Name: _____

Birthday Date (MM/DD/YYYY): _____

Religious Ceremony

Church Name (if applicable): _____

Mass Time: _____ : _____ [] AM [] PM

Priest/Pastor Contact: _____

Court of Honor

Court Introduction:

☐ Yes ☐ No

Number of Court Members (damas and chambelanes): _____

Court Member Names:

Court Entrance Song: _____

Traditional Ceremonies

Changing of Shoes Ceremony:

☐ Yes ☐ No

Who will change the shoes (father/male relative): _____

Changing of Shoes Song: _____

Crown/Tiara Ceremony:

☐ Yes ☐ No

Last Doll Ceremony:

☐ Yes ☐ No

Equipment & Services

Up-Lighting:

☐ Yes ☐ No

How many uplights: _____

What color: _____

Projection Screen:

☐ Yes ☐ No

Photo Booth:

☐ Yes ☐ No

Photo Booth Template (Standard/Custom): _____

Number of Images: _____

Photo Booth Props:

☐ Yes ☐ No

Backdrop Color (White/Shimmering/Black/Other): _____

Music Programming

Cocktail Hour Music Style (check all that apply):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Big Band | <input type="checkbox"/> Soft Rock |
| <input type="checkbox"/> Current Top 40 | <input type="checkbox"/> Alternative |
| <input type="checkbox"/> Motown | <input type="checkbox"/> R&B |
| <input type="checkbox"/> Smooth Jazz | <input type="checkbox"/> Country |
| <input type="checkbox"/> Vitamin String Quartet | <input type="checkbox"/> Afrobeats |

Dinner Music Style (check all that apply):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Big Band | <input type="checkbox"/> Soft Rock |
| <input type="checkbox"/> Current Top 40 | <input type="checkbox"/> Alternative |
| <input type="checkbox"/> Motown | <input type="checkbox"/> R&B |
| <input type="checkbox"/> Smooth Jazz | <input type="checkbox"/> Country |
| <input type="checkbox"/> Vitamin String Quartet | <input type="checkbox"/> Afrobeats |

Dinner Time: _____ : _____ ☐ AM ☐ PM

Dinner Style (Plated/Bufferet/Family Style): _____

General Music Preferences

Music Genres to Include (check all that apply):

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Oldies | <input type="checkbox"/> Motown | <input type="checkbox"/> Sock Hop |
| <input type="checkbox"/> Rock | <input type="checkbox"/> Emo | <input type="checkbox"/> Top 40 |
| <input type="checkbox"/> 70's Disco | <input type="checkbox"/> 80's | <input type="checkbox"/> 90's |
| <input type="checkbox"/> Hip-Hop | <input type="checkbox"/> Country | <input type="checkbox"/> R&B |
| <input type="checkbox"/> Afrobeats | <input type="checkbox"/> Techno | <input type="checkbox"/> Alternative |
| <input type="checkbox"/> House | <input type="checkbox"/> Afro-House | <input type="checkbox"/> Remixes |

Custom Genres or Playlist URLs: _____

Must-Play Songs (up to 20):

Do Not Play Songs:

Allow Guest Song Requests:

☐ Yes ☐ No

Can DJ fade out songs that aren't working:

☐ Yes ☐ No

Cultural Music

Traditional Mexican Music Requests:

Mariachi Requests:

Regional Music Preferences:

☐ Norteño

☐ Banda

☐ Other: _____

Contemporary Latin Hits:

Special Dances

Waltz Song (traditional first dance): _____

Father-Daughter Dance Song: _____

Court Waltz (group dance): _____

Surprise Dance Song: _____

Reception Elements

Toast by Parents:

☐ Yes ☐ No

Toast by Padrinos (godparents):

☐ Yes ☐ No

Brindis (official toast):

☐ Yes ☐ No

Cultural Announcements

Presentation of the Quinceañera:

☐ Yes ☐ No

Explanation of Traditions for Non-Latino Guests:

☐ Yes ☐ No

Line Dances

Select appropriate dances for the celebration:

Traditional Mexican Group Dances:

☐ Yes ☐ No

Latin Dance Styles:

☐ Yes ☐ No

Standard Line Dances:

☐ Yes ☐ No

Cultural Circle Dances:

☐ Yes ☐ No

Event Coordination

Banquet Manager Name & Contact: _____

Photographer Name & Contact: _____

Videographer Name & Contact: _____

Other Vendor Contacts:

Announcements

Announce that Guests Can Request Songs:

☐ Yes ☐ No

Announce Photo Booth:

☐ Yes ☐ No

Announce Guest Book Signing:

☐ Yes ☐ No

Late Night Snack Announcement Time: _____ : _____ ☐ AM ☐ PM

Last Call for Alcohol Time: _____ : _____ ☐ AM ☐ PM

15-Minute Photo Booth Warning:

☐ Yes ☐ No

Final Notes

Last Song of the Night: _____

Any Additional Notes or Special Requests:

Thank you for completing this questionnaire! Your detailed information helps us create the perfect celebration for your special day. Please return this form at your earliest convenience.