

TCN Entertainment

Wedding 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: _____

Couple Information

Bride's Name: _____

Groom's Name: _____

Ceremony Details

Ceremony Venue: _____

Ceremony Address: _____

Ceremony Phone: _____

Ceremony Music:
[] Yes [] No

Ceremony Time: _____ : _____ [] AM [] PM

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/Buffer/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:

Do Not Play Songs:

Allow Guest Song Requests:

☐ Yes ☐ No

Can DJ fade out songs that aren't working:

☐ Yes ☐ No

Special Wedding Moments

First Dance Song: _____

First Dance Time: _____ : _____ ☐ AM ☐ PM

Father-Bride Dance Song: _____

Father's Name: _____

Father-Bride Dance Time: _____ : _____ ☐ AM ☐ PM

Bridal Party Dance Song: _____

Mother-Groom Dance Song: _____

Mother's Name: _____

Mother-Groom Dance Time: _____ : _____ ☐ AM ☐ PM

Anniversary Dance:

☐ Yes ☐ No

Cake Cutting Song: _____

Cake Cutting Time: _____ : _____ ☐ AM ☐ PM

Wedding Ceremonies

Garter Removal Song: _____

Garter Removal Time: _____ : _____ ☐ AM ☐ PM

Garter Toss Song: _____

Garter Toss Time: _____ : _____ ☐ AM ☐ PM

Bouquet Toss Song: _____

Bouquet Toss Time: _____ : _____ ☐ AM ☐ PM

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.

Event Coordination

Banquet Manager Name & Contact: _____

Photographer Name & Contact: _____

Videographer Name & Contact: _____

Other Vendor Contacts:

Announcements

Announce Song Requests:

☐ Yes ☐ No

Announce Photo Booth:

☐ Yes ☐ No

Announce Guest Book:

☐ Yes ☐ No

Snack Time: _____ : _____ ☐ AM ☐ PM

Last Call Time: _____ : _____ ☐ AM ☐ PM

Photo Booth Warning:

☐ Yes ☐ No

Final Notes

Last Song of the Night: _____

Private Dance Song: _____

Memory Book:

☐ Yes ☐ No

Additional Notes:

Additional Notes Page

Use this space for any additional notes or special requests:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.