

TCN Entertainment

Mitzvah 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: _____

Child Information

Child's Name: _____

Child's Age: _____

Hebrew Name (optional): _____

Religious Ceremony

Temple/Synagogue Name: _____

Ceremony Address: _____

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

Rabbi/Cantor Name & Contact: _____

Jewish Traditions

Hora dance:
[] Yes [] No

Chair dance (lifting the child):

☐ Yes ☐ No

Candle lighting ceremony:

☐ Yes ☐ No

Number of candles: _____

Candle lighting song: _____

Special candle dedications:

Service Elements

Torah reading music: _____

Haftorah reading music: _____

Special prayers or songs:

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 |

☐ Vitamin String Quartet ☐ Afrobeats

Dinner Music Style (check all that apply):

☐ Big Band ☐ Soft Rock
☐ Current Top 40 ☐ Alternative
☐ Motown ☐ R&B
☐ Smooth Jazz ☐ Country
☐ Vitamin String Quartet ☐ Afrobeats

Dinner Time: _____ : _____ ☐ AM ☐ PM

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

General Music Preferences

Music Genres to Include (check all that apply):

☐ Oldies ☐ Motown ☐ Sock Hop
☐ Rock ☐ Emo ☐ Top 40
☐ 70's Disco ☐ 80's ☐ 90's
☐ Hip-Hop ☐ Country ☐ R&B
☐ Afrobeats ☐ Techno ☐ Alternative
☐ House ☐ Afro-House ☐ 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 Jewish music requests:

Israeli folk songs:

Contemporary Jewish artists:

Party Introduction

Child introduction:

☐ Yes ☐ No

Introduction song: _____

Special recognition of family members:

Special Moments

Motzi (blessing over bread):

☐ Yes ☐ No

Kiddush (blessing over wine):

☐ Yes ☐ No

Parent speeches:

☐ Yes ☐ No

Sibling participation:

☐ Yes ☐ No

Line Dances

Hava Nagila:

☐ Yes ☐ No

Traditional Jewish circle dances:

☐ Yes ☐ No

Standard party line dances:

☐ Yes ☐ No

No overly mature content:

☐ 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.*

Form Generated: October 17, 2025