

# TCN Entertainment

## General Party 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: \_\_\_\_\_

### Event Details

Occasion/Reason for celebration: \_\_\_\_\_

Guest of honor (if applicable): \_\_\_\_\_

Party theme or style: \_\_\_\_\_

### Celebration Type

Type of celebration (Corporate event/Retirement party/Anniversary celebration/Graduation party/Holiday party/Reunion/Other): \_\_\_\_\_

Please specify other celebration type: \_\_\_\_\_

### Specific Needs

Professional atmosphere required:

☐ Yes ☐ No

Family-friendly content only:

☐ Yes ☐ No

Age range of attendees: \_\_\_\_\_

Cultural considerations:

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## Special Elements

Recognition/awards ceremony:

☐ Yes    ☐ No

Ceremony details:

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Speeches or presentations:

☐ Yes    ☐ No

Speech details:

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Special announcements:

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Group activities:

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## 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 (up to 20):

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Do Not Play Songs:

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Allow Guest Song Requests:

- ☐ Yes ☐ No

Can DJ fade out songs that aren't working:

- ☐ Yes ☐ No

## Music Considerations

Appropriate volume levels for venue type (Background Music/Conversation Level/Moderate Dancing/Energetic Dancing): \_\_\_\_\_

Background music vs. dance music ratio (0-100): \_\_\_\_\_

Specific genre restrictions:

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Clean versions only:

☐ Yes      ☐ No

## Line Dances

Line dance preference (None/Limited Selection/Full Selection/Custom Selection): \_\_\_\_\_

## Event Coordination

Banquet Manager Name & Contact: \_\_\_\_\_

Photographer Name & Contact: \_\_\_\_\_

Videographer Name & Contact: \_\_\_\_\_

Other Vendor Contacts:

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## 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:

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*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*