

# 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"/> Remix       |

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.*