

# 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

### Wedding Ceremony Music

Processional Music (music for the wedding party entrance): \_\_\_\_\_

Bridal Processional Music (music for the bride's entrance): \_\_\_\_\_

Recessional Music (music for the wedding party exit): \_\_\_\_\_

Unity Ceremony Music (if applicable): \_\_\_\_\_

Special Ceremony Music (e.g., candle lighting, sand ceremony): \_\_\_\_\_

## 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:

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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

## 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: \_\_\_\_\_

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## 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:

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## Additional Notes Page

Use this space for any additional notes or special requests:

This image shows a full page of blank handwriting practice paper. It features 20 evenly spaced horizontal blue lines across the entire page, providing a guide for letter height and placement. The lines are consistent in color and thickness throughout.

*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.*