

# TCN Entertainment

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

### Birthday Person Information

Birthday Person's Name: \_\_\_\_\_

Age turning: \_\_\_\_\_

Actual birthday date (MM/DD/YYYY): \_\_\_\_\_

### Party Style

Milestone birthday? (Not a milestone/18th/21st/30th/40th/50th/60th/70th/80th/90th/100th): \_\_\_\_\_

Party theme: \_\_\_\_\_

Formal or casual atmosphere (Casual/Semi-Formal/Formal): \_\_\_\_\_

### Age-Specific Elements

Primary age group of attendees (Children (Under 13)/Teens (13-17)/Young Adults (18-25)/Adults (26-45)/Middle Age (46-65)/Senior (66+)):

### 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

## Special Moments

Birthday person introduction:

☐ Yes    ☐ No

Cake presentation song: \_\_\_\_\_

Birthday toast/speech:

☐ Yes    ☐ No

Special recognition of family/friends:

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## Activities Based on Age

Dancing level appropriate for age group (None/Light/Moderate/Energetic/Very Active): \_\_\_\_\_

Interactive elements:

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Group participation songs:

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## 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.*

## Line Dances

Select appropriate dances for the celebration:

## 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*