

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:

Special Elements

Recognition/awards ceremony:

☐ Yes ☐ No

Ceremony details:

Speeches or presentations:

☐ Yes ☐ No

Speech details:

Special announcements:

Group activities:

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):

Do Not Play Songs:

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:

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:

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