

TCN Entertainment

Sweet Sixteen 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.

Birthday Person Information

Birthday Person's Name: _____

Actual birthday date (MM/DD/YYYY): _____

Party Theme

Party theme/colors: _____

Special decorations:

Sweet Sixteen Traditions

Candle lighting ceremony:

☐ Yes ☐ No

Number of candles (16 + 1 for luck): _____

Candle lighting song: _____

Special dedications for each candle:

Keys ceremony? (receiving car keys):

☐ Yes ☐ No

Tiara/crown ceremony:

☐ Yes ☐ No

Grand entrance:

☐ Yes ☐ No

Introduction song: _____

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

Age-Appropriate Music

Current Top 40 hits:

Teen-popular artists:

Age-appropriate classics:

TikTok trending songs:

Special Moments

Parent speeches:

☐ Yes ☐ No

Birthday toast:

☐ Yes ☐ No

Activities

Special dances or performances:

Group photo times: _____

Social media moments: _____

Line Dances

Current trending dances:

☐ Yes ☐ No

Age-appropriate line dances:

☐ Yes ☐ No

Social media popular 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.*

Form Generated: October 17, 2025