



# DJ Questionnaire

Type of Event: \_\_\_\_\_

Start Time: \_\_\_\_\_ : \_\_\_\_\_ (when the DJ starts playing)

End Time: \_\_\_\_\_ : \_\_\_\_\_ (when the DJ stops playing)

## 1. Please indicate any announcements. (This includes traditions such as cake-cutting, speeches, etc.)

- Dinner / Hors D'oeuvres TIME: \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_\_ TIME: \_\_\_\_\_
- \_\_\_\_\_ TIME: \_\_\_\_\_
- \_\_\_\_\_ TIME: \_\_\_\_\_
- \_\_\_\_\_ TIME: \_\_\_\_\_
- \_\_\_\_\_ TIME: \_\_\_\_\_
- \_\_\_\_\_ TIME: \_\_\_\_\_
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- \_\_\_\_\_ TIME: \_\_\_\_\_
- \_\_\_\_\_ TIME: \_\_\_\_\_
- \_\_\_\_\_ TIME: \_\_\_\_\_
- \_\_\_\_\_ TIME: \_\_\_\_\_
- \_\_\_\_\_ TIME: \_\_\_\_\_
- \_\_\_\_\_ TIME: \_\_\_\_\_

## 2. Please fill out songs on your must-play and no-play list.

MUST PLAY LIST

NO-PLAY LIST

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

additional space provided on last page →

**3. Please check the type of music you are most interested in. Please keep your guests in mind.**

**VERSION**

CLEAN                       EXPLICIT

- |   |   |
|---|---|
| <input type="checkbox"/> Alternative  | <input type="checkbox"/> 1940's         |
| <input type="checkbox"/> Blues  | <input type="checkbox"/> 1950's         |
| <input type="checkbox"/> Christian / Gospel                                     | <input type="checkbox"/> 1960's         |
| <input type="checkbox"/> Classic Rock   | <input type="checkbox"/> 1970's         |
| <input type="checkbox"/> Classical / Symphony                                   | <input type="checkbox"/> 1980's         |
| <input type="checkbox"/> Country  | <input type="checkbox"/> 1990's         |
| <input type="checkbox"/> Electronic / House                                     | <input type="checkbox"/> Early 2000's   |
| <input type="checkbox"/> Folk   |   |
| <input type="checkbox"/> Heavy Metal  | <input type="checkbox"/> _____<br>other |
| <input type="checkbox"/> Hip-Hop  |   |
| <input type="checkbox"/> Indie  | <input type="checkbox"/> _____<br>other |
| <input type="checkbox"/> Jazz   |   |
| <input type="checkbox"/> Line Dances <i>(e.g. chicken dance, cupid shuffle)</i> | <input type="checkbox"/> _____<br>other |
| <input type="checkbox"/> Pop / Top 40   |   |
| <input type="checkbox"/> Punk Rock  | <input type="checkbox"/> _____<br>other |
| <input type="checkbox"/> R&B  |   |
| <input type="checkbox"/> Rap  | <input type="checkbox"/> _____<br>other |
| <input type="checkbox"/> Reggae   |   |
| <input type="checkbox"/> Reggaeton  | <input type="checkbox"/> _____<br>other |
| <input type="checkbox"/> Regional Mexican                                       |   |

**4. Please list any additional comments or expectations that were not covered previously.**

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