MEMORABLE MOMENTS
CLIENT RESERVATION FORM

CONTACT INFORMATION	
Name:	Prospective date of reservation:
Email:	Phone #:
Address of event:	
Secondary point of contact (another person to get in touch with when you are unavailable):	

EVENT INFORMATION
Type of event: -select-
A brief description of the event. What is the genre of the event in question? What genre of music is expected?

WEDDING SPECIFIC INFORMATION	
Ceremony	
Wedding party processional:	
Ring bearer/Flower girl:	
Grandparents/Parents' Seating:	
Recessional:	
Grand re-entrance:	
Reception	
Musical genre:	
Can I accept requests?	
Use of profanity? -select-	Use of strobe or spotlights? -select-
☐ Interactive dances? (cupid shuffle ect.)	
Dedication Dances	
Please type out the song title and author that you want playing:	
First Dance:	Father/Daughter Dance:
Mother/Son Dance:	Parents' Dance:
Your Parents' Names:	
Fiancé's Parents' Names:	
Other:	