

Premium Entertainment's Sweet 16 Planner

General Information:

Mother's Name: _____ Father's Name: _____

Name of Sweet 16 Girl: _____

Your Mailing Address: _____ City/Town: _____ St: ___ Zip: _____

Home Phone: _____ Cell & Work Numbers: _____

Event Date: _____ Event Times: _____ - _____ Your E-mail Address: _____

Venue Name: _____ Contact @ Venue: _____

Venue Address: _____ City/Town: _____ St: ___ Zip: _____

Setting (circle): Indoors | Outdoors (Requires Shelter) # of Adult Guests: _____ # of Youth Guests: _____

Cocktail Hour for Adults: Yes | No Cocktail Hour Entertainment for Youths (karaoke) Y | N

Relaxing Dinner Music? No | Yes – What style? (easy listening, jazz, instrumentals, etc): _____

Cocktail Hour (circle): Same Room | Different Room Video Presentation or Slide Show? Yes | No

Type of Dinner (circle): Sit-Down | Buffet Intro time of presentation: _____

Time of Sit-down Dinner: _____ Time of Buffet: _____

Official Introductions: (Would you like the following people introduced in a Grand Entrance?) YES / NO

Grandparents: (Mom's Side): _____ Song Title - Artist: _____

Grandparents: (Dad's Side): _____ Song Title - Artist: _____

Mom: _____ Song Title - Artist: _____

Dad: _____ Song Title - Artist: _____

Brothers: _____ Song Title - Artist: _____

Sisters: _____ Song Title - Artist: _____

Sweet 16: _____ Grand Entrance Song: _____

Candle Lighting: Perform Ceremony? YES / NO

1- Person or Group: _____ Song Title - Artist: _____

2- Person or Group: _____ Song Title - Artist: _____

3- Person or Group: _____ Song Title - Artist: _____

4- Person or Group: _____ Song Title - Artist: _____

5- Person or Group: _____ Song Title - Artist: _____

6- Person or Group: _____ Song Title - Artist: _____

7- Person or Group: _____ Song Title - Artist: _____

8- Person or Group: _____ Song Title - Artist: _____

9- Person or Group: _____
 10- Person or Group: _____
 11- Person or Group: _____
 12- Person or Group: _____
 13- Person or Group: _____
 14- Person or Group: _____
 15- Person or Group: _____
 16- Person or Group: _____

Song Title - Artist: _____
 Song Title - Artist: _____
 Song Title - Artist: _____
 Song Title - Artist: _____
 Song Title - Artist: _____
 Song Title - Artist: _____
 Song Title - Artist: _____

Sweet 16's First Dance: **Perform Ceremony?** **YES / NO**

Father/Daughter – Yes / No Song Title-Artist: _____
 Mother/Daughter – Yes / No Song Title-Artist: _____
 Will Other Family Member Dance w/ Sweet 16? Y / N Song Title-Artist: _____
 Name of this family member: : _____

Music Requests:

My Top Requests: (Song Title – Artist)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

General Styles of Music (check or circle):
 Party Favorites (Love Shack, etc)
 Top 40 (z100) (All current hits)
 Club/Techno/Dance (103.5 KTU Style)
 Hip Hop/Rap
 Line Dances (cha cha slide, etc)
 Oldies
 Disco
 Slow Dances
 Rock
 Pop

Other styles of music (please list): _____

Please DO NOT PLAY: _____

(use back for more room)

Unedited/Obscene Lyrics: _____ Other Music Style: _____