



## AUDIOVISUAL COMMUNICATION TECHNOLOGY

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### DJ ENQUIRY FORM

#### PERSONAL DETAILS

Your Contact Name:	_____
Contact Phone Number:	_____
Contact Fax Number:	_____

#### EVENT DETAILS

Type of Event:	_____
Event Name:	_____
Event Date(s):	_____
Event Venue:	_____
Venue Contact Name:	_____
Venue Contact Number:	_____
Number of People:	_____
Age Group:	_____

#### DJ DETAILS

Number of hours you require a DJ?	_____
Start Time:	_____
Finish Time:	_____

#### MUSIC DETAILS

Play the following songs:	_____ _____
Do not play the following songs:	_____ _____

#### OTHER DETAILS (Wedding ONLY)

Entrance Music:	_____
Cutting the Cake:	_____
Bridal Waltz:	_____
Second Song:	_____
Removal of the Garter:	_____
Throwing of the Bouquet:	_____
Farewell Circle:	_____