

NAME: \_\_\_\_\_ DATE OF AFFAIR: \_\_\_\_\_ / /

Mail Request Sheet 6 weeks before affair to insure receipt.  
ULTIMATE PARTY CENTRAL 43 Arizona Ave. Old Bridge NJ, 08857

## REQUEST SHEET



In order to personalize your party and to ensure your satisfaction on that special day, please complete this form and return it to us at least 6 weeks before affair to insure receipt. Please understand that every effort will be made to fulfill each request.

Type of Music Desired: (please check)

Rock	Club/House/Techno	Jazz/Blues	Top 50's
Disco	Bossa Nova/ Samba	Oldies	Classic
Latin	Irish	Portuguese	Italian
Polish	Greek	Alternative	Hip Hop/R&B
Motown	Reggae	Dance	Freestyle
Country	Other _____		

### Special Requests:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Will There Be a Grand Introduction: YES NO \_\_\_\_\_

Will There Be a Welcome Speech: YES NO BY WHOM? \_\_\_\_\_

Will There Be a Toast: YES NO BY WHOM? \_\_\_\_\_

Songs Not To Play: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Event Date: \_\_\_\_\_

Reception Times: Start \_\_\_\_\_ End \_\_\_\_\_

Banquet Venue: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Venue Address: \_\_\_\_\_

Venue Phone: \_\_\_\_\_

Room Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Guest Arrival: \_\_\_\_\_

Guest of Honor Arrival: \_\_\_\_\_

Floor Number: \_\_\_\_\_

Elevator: Yes / No

Videographer: Name & number \_\_\_\_\_

Photographer: Name & number \_\_\_\_\_