



GuarinoGroup
PRODUCTIONS

DJ Information Form

Contact Person: _____

Phone: _____ Email: _____

Date of Event: _____

Start Time: _____ End Time: _____

Location of Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Event: _____

(Example: Birthday, Anniversary, Corporate, or other)

Please indicate the name of person(s) or business: _____

Number of Guests: _____ Age Range of Guests: _____

Please list any comments and/or announcements:

Please list any music you would like to hear during the event:

Please list any music you would **not** like to hear during the event:

Please email your completed form to Events@GuarinoGroup.com

Thank you!