SPECIAL REQUESTS

For _____ Date:___/___/___ Party
(*Name*)

MUSICAL PREFERENCE: (Please Circle) Top 40, Rock, Dance, Country, Jazz, Motown, Club Oldies (50's, 60's, 70's, 80's), Big Band, Disco, Macarena, Chicken Dance, Conga, Electric Slide, YMCA, Limbo

***Use This Music Request Sheet Only.** Please DO Not attach supplemental requests. Clients may be requsted to supply specialty music i.e. Non Mainstream
ALL requests MUST BE returned 30 days prior to EVENT or selections may not be available.

Title **SPECIFIC REQUESTS** *Artist*