

**RECEPTION ITINERARY**

Ceremony on Site	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	Music Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocktails	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Line	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Introductions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grace	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dinner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Centrepiece Giveaway	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Game Required	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Speeches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
1st Dance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
2nd, 3rd, 4th Dances	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bouquet Toss	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garter Toss	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cake Cutting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sweet Table	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Dance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time _____	DJ to Announce	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ON-SITE CEREMONY MUSIC\***

Ceremony Music  Yes  No If Yes, please complete the following. Please note: Provision of on-site ceremony music must be detailed on the contract.

Guest Arrival Time \_\_\_\_\_ Microphone Required for Ceremony  Yes  No

Pre-Ceremony Music \_\_\_\_\_

Processional Music \_\_\_\_\_

Registry Music \_\_\_\_\_

Recessional Music \_\_\_\_\_

**COCKTAIL AND DINNER MUSIC**

Cocktail / Dinner Music  Yes  No (if Yes, please indicate your musical preferences)

CLASSICAL  COCKTAIL PIANO  CLASSIC JAZZ  CONTEMPORARY JAZZ

NEW AGE  ADULT CONTEMPORARY  OTHER \_\_\_\_\_

**SPECIALTY DANCES**

**1st DANCE** Title \_\_\_\_\_ Artist \_\_\_\_\_

Bride/Groom Only  Wedding Party  Parents  Guests To Join  1st Minute  1/2 Way

Before Dinner  After Dinner

Instructions \_\_\_\_\_

**2nd DANCE** Title \_\_\_\_\_ Artist \_\_\_\_\_

Father/Daughter  Wedding Party  Parents  Guests To Join  1st Minute  1/2 Way

Instructions \_\_\_\_\_

**3rd DANCE** Title \_\_\_\_\_ Artist \_\_\_\_\_

Mother/Son  Wedding Party  Parents  Guests To Join  1st Minute  1/2 Way

Instructions \_\_\_\_\_

**4th DANCE** Title \_\_\_\_\_ Artist \_\_\_\_\_

Instructions \_\_\_\_\_

Bouquet Theme Music \_\_\_\_\_ Artist \_\_\_\_\_

Garter Theme Music \_\_\_\_\_ Artist \_\_\_\_\_

**LAST DANCE** Title \_\_\_\_\_ Artist \_\_\_\_\_

Bride/Groom Only  Wedding Party  Parents  Guests To Join  1st Minute  1/2 Way

Circle Formation  Saying Goodbye to Each Guest  Informal  Other \_\_\_\_\_

Instructions \_\_\_\_\_

**DANCE MUSIC** (Check those most applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> BIG BAND, JAZZ, SWING       | <input type="checkbox"/> NEW ROCK              |
| <input type="checkbox"/> BALLROOM                    | <input type="checkbox"/> URBAN                 |
| <input type="checkbox"/> 60's AND 60's ROCK AND ROLL | <input type="checkbox"/> BALLADS               |
| <input type="checkbox"/> 70's AND 80's ROCK AND ROLL | <input type="checkbox"/> ADULT CONTEMPORARY    |
| <input type="checkbox"/> MOTOWN, R & B, SOUL         | <input type="checkbox"/> COUNTRY               |
| <input type="checkbox"/> DISCO                       | <input type="checkbox"/> CALYPSO, REGGAE, BOCA |
| <input type="checkbox"/> 80's RETRO                  | <input type="checkbox"/> LATIN                 |
| <input type="checkbox"/> 90's MUSIC                  | <input type="checkbox"/> PARTICIPATION         |
| <input type="checkbox"/> NEW DANCE MUSIC             |  |
| <input type="checkbox"/> OTHER _____                 |  |

**SPECIAL REQUESTS** (Please attach additional pages if necessary)

- Title \_\_\_\_\_ Artist \_\_\_\_\_  Client to provide
- Title \_\_\_\_\_ Artist \_\_\_\_\_  Client to provide
- Title \_\_\_\_\_ Artist \_\_\_\_\_  Client to provide
- Title \_\_\_\_\_ Artist \_\_\_\_\_  Client to provide
- Title \_\_\_\_\_ Artist \_\_\_\_\_  Client to provide

**DO NOT PLAY** (Please attach additional pages if necessary)

- Title or Artist \_\_\_\_\_  Unless requested  Under any circumstances
- Title or Artist \_\_\_\_\_  Unless requested  Under any circumstances
- Title or Artist \_\_\_\_\_  Unless requested  Under any circumstances

**BRIDE'S FAVOURITE MUSIC TYPE(S)**

**GROOM'S FAVOURITE MUSIC TYPE(S)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTERNATIONAL MUSIC** (Please specify and attach additional pages if necessary)

- Type \_\_\_\_\_ Artists \_\_\_\_\_  Client to provide
- Type \_\_\_\_\_ Artists \_\_\_\_\_  Client to provide
- Type \_\_\_\_\_ Artists \_\_\_\_\_  Client to provide

**SPECIAL DEDICATIONS** (Birthdays, Anniversaries, etc.)

- Name \_\_\_\_\_ Occasion \_\_\_\_\_ Song Title \_\_\_\_\_
- Name \_\_\_\_\_ Occasion \_\_\_\_\_ Song Title \_\_\_\_\_
- Name \_\_\_\_\_ Occasion \_\_\_\_\_ Song Title \_\_\_\_\_

**GUEST COMPOSITION** (Please indicate approximate number of guests for each of the following age groups)

- UNDER 20 \_\_\_\_\_ 20's \_\_\_\_\_ 30's \_\_\_\_\_ 40's \_\_\_\_\_
- 50's \_\_\_\_\_ 60+ \_\_\_\_\_ TOTAL NUMBER OF GUESTS \_\_\_\_\_

**PLEASE ATTACH A FLOORPLAN OF THE RECEPTION AREA.  
THE DJ TABLE SHOULD BE ADJACENT TO THE DANCE FLOOR  
AND NEAR A DEDICATED POWER OUTLET.**

