

PROFESSIONAL DJ SERVICES Information Request Form

After completing this form as accurately as possible, please e-mail to djquote@djglenc.com or fax it to 416-575-6312.

If there are any questions, you can reach DJ Glen C. @ 416-575-9087

A formal quotation will be prepared within 24 hours upon receipt. Thank again for your consideration!

Your Contact Information			
	La	st Name:	
E-mail Address:			
Organization Name:			
	Danish as /Chaha	D t - 1 / 7!	
City:	Province/State:	Postal/Zip:	
Phone #:	Extension #:	Fax #:	
Event Location			
Event Location			
Name of Venue/Hall:			
Street Address:			
City:	Contact Name:	Phone #:	
		delivery time?	□AM □PM
Event Details			
Type of Event:			
Event Date (e.g. Thursday, Dece	ember 19, 2004):		
Start Time:		d Time:	☐ AM ☐ PM
	ndoor	Outdoor	
	ormal	Semi-Formal	☐ Casual
Number of Attendees:	ess than 100	☐ 100-200	Over 200
Average Age Range:	ess than 21	<u> </u>	Over 35
Will MC need to use the DJ's sou	ind system to speak?		
Musical Format			
Please select the types or inc			
R&B %		%	%
Hip-hop %	<u></u> Jazz <u> </u>	% Calypso/Soca	<u>%</u>
☐ Latin %		% Old School	%
For specific song requests, please attach a list including the artist and title of the song.			
Extra Equipment Needs - These items are available at an additional cost			
☐ Wireless Microphone ☐ Microphone	ohone	k 🗌 Party Lights 🗌 Other	r
·	I	, ,	
What is your approximate bu	daet for this event?	CDN\$	USD\$
Please include any additional information you wish to provide about this event:			
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