

JMP INC. DISC JOCKEY SERVICE FORM

ACCT # _____ DATE: _____

COMPANY: _____

NAME: _____

ADDRESS: _____

PHONE: HOME: _____ BUSINESS: _____

FAX: _____ EMAIL: _____

OCCASION: _____

ADDRESS OF EVENT: _____

DATE _____ SETUP: _____ CER: _____

DAY _____ FROM: _____ TO: _____

MUSIC SELECTIONS: 50'S - 60' S 70'S - DISCO 80'S -90'S

OTHER: _____

AGE GROUP _____ ATTENDING # _____ DRESS: FOR [] CAS []

EMCEE: YES NO ACTIVE: PASSIVE:

LIGHTS: YES NO PARTY FAVORS: YES NO

VIDEO TAPING: _____ PHOTOGRAPHY _____

PARTY PACK WEDDING PACKAGE 1 2 3 KARAOKE

HOW DID YOU LEARN ABOUT US? YP INTERNET OTHER

PRICE QUOTE: \$ _____

COMMENTS: