

Submit

Home Planners

Jeti Entertainment General Event Planner

General events please fill out this planner and submit it no later than 30 day prior to your event, we will then contact you for a final review. Please print a copy or save this planner to your computer **before** submitting for your reference. Thank you

GENERAL INFORMATION / SECTION 1

Contact's Name: Type of Event:

Phone: Cell: Alt. :

Mailing Address: City: State: Zip:

Email: Referral from:

Event Date: Month Day 10 Event Times: Start to End Setting: Indoors

Event Venue: Address:

Venue Phone: Contact Person:

Location of Venue room: Main Floor Stairs or Elevators: No Package: Bronze

DJ set up area: Average 10-15 Feet Number of Guests: Dinner Type: Served

Will you be providing dinner for your DJ's: Yes DJ Attire: Semi Formal

Form of payments: Credit Card Person responsible for payments:

SONG REQUEST PLAY LIST MAX 25 / SECTION 2

1 - Title	<input type="text"/>	Artist	<input type="text"/>
2 - Title	<input type="text"/>	Artist	<input type="text"/>
3 - Title	<input type="text"/>	Artist	<input type="text"/>
4 - Title	<input type="text"/>	Artist	<input type="text"/>
5 - Title	<input type="text"/>	Artist	<input type="text"/>
6 - Title	<input type="text"/>	Artist	<input type="text"/>
7 - Title	<input type="text"/>	Artist	<input type="text"/>
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9 - Title	<input type="text"/>	Artist	<input type="text"/>
10 - Title	<input type="text"/>	Artist	<input type="text"/>
11 - Title	<input type="text"/>	Artist	<input type="text"/>
12 - Title	<input type="text"/>	Artist	<input type="text"/>
13 - Title	<input type="text"/>	Artist	<input type="text"/>
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15 - Title	<input type="text"/>	Artist	<input type="text"/>
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17 - Title	<input type="text"/>	Artist	<input type="text"/>
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19 - Title	<input type="text"/>	Artist	<input type="text"/>
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21 - Title	<input type="text"/>	Artist	<input type="text"/>
22 - Title	<input type="text"/>	Artist	<input type="text"/>
23 - Title	<input type="text"/>	Artist	<input type="text"/>
24 - Title	<input type="text"/>	Artist	<input type="text"/>
25 - Title	<input type="text"/>	Artist	<input type="text"/>

DO NOT PLAY SONG LIST MAX 5

1 - Title	<input type="text"/>	Artist	<input type="text"/>
2 - Title	<input type="text"/>	Artist	<input type="text"/>
3 - Title	<input type="text"/>	Artist	<input type="text"/>
4 - Title	<input type="text"/>	Artist	<input type="text"/>
5 - Title	<input type="text"/>	Artist	<input type="text"/>

ADDITIONAL INFORMATION