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Music Selection:

Name: _____

Function Date: _____

Function Centre: _____

Music Style:	LOTS	SOME	NONE
50/ 60's Rock 'n' Roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70's Disco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80's Dance & Pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90's Dance & Pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ballads & Love Songs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Top 40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Techno/ House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grunge/ Alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classic Rock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funk/ Hip Hop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Requests:

Songs NOT to be played:

Seating: Please think about where the elderly are to be seated as the loud music near the DJ can sometimes upset them.

Smoke Alarms: Please advise your function centre to isolate the smoke alarms in your room . If the alarms cannot be turned off in this area, please advise us not to bring a smoke machine.

N.B. Please have this form completed and returned to us at least two weeks prior to your function date.

Host's Top 10 Songs
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Guests Top 10 Songs
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Dance Floor - Party/Dance Songs
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