

NAME: _____ DATE OF AFFAIR: ____/____/____

Mail, E-mail or Fax Request Sheet 2 weeks before affair to insure receipt.

MAIL: USADJS: 6843 Route 9, Howell, NJ 07731 FAX: 732-905-6685 EMAIL: request@usadj.com



REQUEST SHEET

In order to personalize your party and to ensure your satisfaction on that special day, please complete this form and return it to us at least 2 weeks before affair to insure receipt. Please understand that every effort will be made to fulfill each request.

Type of Music Desired: (please check)

Rock _____	Club _____	Jazz _____	Top 50's _____
Disco _____	Big Band _____	Oldies _____	Classical _____
Latin _____	Irish _____	Portuguese _____	Italian _____
Polish _____	Greek _____	Alternative _____	Rap/R&B _____
Motown _____	Reggae _____	Dance _____	Ballads _____
Country & Western _____	Other _____		

Favorite Artists:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____
9. _____	10. _____

Favorite Songs:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____
9. _____	10. _____

Please use other sheets (if needed) to complete !!!