MSE PRODUCTIONS

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Please return ONE month prior to event

Event Information

Name: _____ Date: _____
Location: _____
Venue Contact: _____ Phone: _____
Event Hours: _____ # of Guests: _____
Type of Event: _____

Is the event Inside ☐ Outside ☐ Both ☐

Is electricity available? Yes ☐ No ☐ Is there a piano available on site? Yes ☐ No ☐

Time Line

COCKTAIL HOUR Start: _____ End _____

Is the cocktail hour in the same area as the dinner? Yes ☐ No ☐
Type of music requested: _____

DINNER HOUR Start End

Will there be a Welcome? Yes ☐ No ☐ Time: _____
Will there be a Presentation or Awards Program? Yes ☐ No ☐ Time: _____
Will there be After Dinner Remarks? Yes ☐ No ☐ Time: _____

Type of Background/Dinner music requested _____

AFTER DINNER
Is there a Show? Yes ☐ No ☐ Time: _____
Rehearsal time (if appropriate) Time: _____
Type of Dance music requested: _____

Additional Instructions: