



SSPDJ Disc Jockey Procedure Form

610-627-5900 - Fax 610-627-5960 - www.sspdj.com - 843 North Providence Road - Media, PA 19063

Download this Form to your desktop, complete Form and Save.

Forward Form via E-mail (cr@schaffersound.com) or click on the Submit Form Button.

Reception Date _____

Wedding Parties _____ / _____
(Brides's maiden name) (Groom's last name)

Entrance Songs: _____
(Bridal Party)

(Bride & Groom)

A) Bridal Party Announcements: (Please include first names)

❶ Bride's Parents: _____

❷ Groom's Parents: _____

❸ Bridesmaids:

Title (e.g. Ms., Mr., Dr.)

Escorted by
Escorted by
Escorted by
Escorted by
Escorted by
Escorted by
Escorted by
Escorted by
Escorted by
Escorted by
Escorted by

❹ Ushers:

Title (e.g. Ms., Mr., Dr.)

❺ Flower Girls/Jr. Bridesmaids:

Miss _____
Miss _____

❻ Ring Bearers/Jr. Ushers

Master _____
Master _____

❼ Maid/Matron of Honor

❸ Best Man

❾ Bride and Groom: Mr. and Mrs. _____

First Names: Bride _____ Groom _____

B) Bridal Party Dances

① Bride/Groom's First Dance: _____
(Please indicate one: **BEFORE DINNER** **AFTER DINNER**)

② Bride/Father: _____

③ Groom/Mother: _____

④ Bridal Party Dance: _____
(Note: Parents may be included in the Bridal Party Dance)

C) Will Schaffer Sound Productions be providing Music for the Ceremony YES NO

① Bridal Party Processional Song: _____

② Brides Processional Song: _____

③ Recessional Song: _____

D) Formalities

① Blessing **YES** **NO** Name: _____

② Toast **YES** **NO** Name: _____

③ Tossing of Bouquet **YES** **NO** Name: _____

④ Removal/Toss Garter **YES** **NO** Name: _____

⑤ Cake Cutting **YES** **NO** Name: _____

E) Special Instructions (if any)



SSPDJ Musical Request Sheet

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NOTE: in order to customize your event and ensure satisfaction, please complete this form and return it to SSPDJs **1 MONTH PRIOR** to your schedule date. Download this Form to your desktop, complete Form and Save. Forward Form via E-MAIL or click on the Submit Form Button.

Date of Event:		
Month	Day	Year

Name:

Type of Event:

1 Cocktail/Dinner Preferences: <i>(Please list your favorite artists, titles and styles)</i>		
1. _____	5. _____	9. _____
2. _____	6. _____	10. _____
3. _____	7. _____	11. _____
4. _____	8. _____	12. _____

2 Open Dance Segment: <i>(Check Preferences Below)</i>		
<input type="checkbox"/> 1940's Swing / Big Band	<input type="checkbox"/> Adult Contemporary	<input type="checkbox"/> 1950's
<input type="checkbox"/> 1960's / Motown	<input type="checkbox"/> 1970's Dance / Disco	<input type="checkbox"/> 1980's/90's Dance / Club
<input type="checkbox"/> Party Rock / Rock & Roll	<input type="checkbox"/> Top 40	<input type="checkbox"/> Alternative
<input type="checkbox"/> Country	<input type="checkbox"/> Ethnic (specify) _____	<input type="checkbox"/> Other _____

Must Play List!
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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

Music NOT to be played!
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

* Note: The SECONDARY LIST is for songs you would like to hear if the DJ can fit them in, but you do not feel they are songs that must be played.