



SWEET 16 INFORMATION REQUEST FORM

DATE/TIME:

Event Date: (xx/xx/xx)		Event Start Time: (xx:xx am/pm)		Event End Time: (xx:xx am/pm)	
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VENUE INFORMATION:

Location Name:	
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GUEST OF HONOR:

First Name:	
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INTRODUCTION SONG: *(if applicable)*

Song Title:	
Artist:	

FAMILY NAMES:

Parents:	
Siblings:	

FATHER/DAUGHTER DANCE:

Song Title:	
Artist:	

If you have any other special announcements or dedications that you would like mentioned, please list them below.
(Examples: Other Birthdays, Anniversaries, etc.)

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CANDLE LIGHTING SONG FORM

CANDLE #	SONG TITLE:	ARTIST:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
SPECIAL		
SPECIAL		
SPECIAL		
SPECIAL		

