

COPORATE MAILING ADDRESS: 100 LESSING ROAD, WEST ORANGE NJ 07052 **EMAIL: SALES@VEGASNJ**

TEL: 855-NVEGASJ • FAX: 973-243-9712

WEBSITE: WWW.VEGASNJ.COM

Please Mail in or Fax these sheets to our office No Later than 2 weeks prior to event date

Event Information Sheet

Client Name	Party Date	Event Times
Please fill out the following information 2 weeks prior to your event date.	on and return it to our office (via Fax	or email) with your request sheets no later tha
Type of Affair: ☐ Sweet 16 ☐	Quinceanera 🗆 Other	
Teen's Name(s):		
Number of Guests (Total)	Number of Adults	Number of Teens/ Children
Name of Event Site: VEGAS I	<u>VJ</u>	
Are you having a cocktail (1 hour	r) or (1/2 hour?) \square Yes \square N	0
•	gious Conservative Orthodox	
Is mixed dancing allowed for adule Is mixed dancing allowed for teel		□ No □ No
Style of Dress for Guests: ☐ Blacc☐ Teen Party (Dressed Up) ☐ Teel		
	☐ Semi-Formal ☐ Casual (Dress Sla	acks and Dress Shirt)
Notes:		



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Sweet 15/16 Formality Sheet

Client Name	Party Date	Event Times	
INTRODUCTIONS:			
☐ Introduce Family Together ☐	Introduce Family & Guest of Honor separately	$\ \square$ Introduce Guest of Honor Only $\ \square$ NO Intros	
	NAME(S)	<u>SONG</u>	
Parents (Names)			
Sisters (Names)			
Others (Names)			
Guest of Honor (Name)			
CANDLE LIGHTING			
Relationship/Na	me(s)	Song	
1)			
		·	
14)		······	
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☐ Changing of the Shoes ☐ Speech/Toast (given by)			
☐ Father Daughter Dance (who) Song			
☐ Happy Birthday ☐ Photo Montage or other Presentation on DVD?			
☐ Other Formalities:?			

NOTE: All requests on these sheets are subject to availability or change. Request sheets are used as a guide for performers and they will try to get to as many as requests as possible, while also using they're judgement of what will work according to the flow of the event. We do not guarantee that all requests will be adhered to.



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Music Requests

Client Name	Party Date	Event Times
Title		Artist