

# sound~waves entertainment

**PLEASE RETURN THIS FORM AT LEAST ONE MONTH PRIOR TO YOUR WEDDING**

(please print clearly)

Brides First Name \_\_\_\_\_ Grooms First Name \_\_\_\_\_  
(what you would like to be called)

**Please List Song If Appropriate.....Leave Blank If Not**

First Dance                    yes/no    \_\_\_\_\_

First Dance will be:        ( ) after the introductions        ( ) after cutting of the cake

Cutting of the Cake        yes/no    \_\_\_\_\_

Father/Daughter Dance    yes/no    \_\_\_\_\_

Mother/Son Dance        yes/no    \_\_\_\_\_

Wedding Party Dance     yes/no    \_\_\_\_\_

Centerpiece Giveaway    yes/no    \_\_\_\_\_

Bouquet/Garter            yes/no    \_\_\_\_\_

Last/Circle Dance        yes/no    \_\_\_\_\_

Any Other Special Songs    \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Songs You Would Not Like Played \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please list any extra songs you would like to hear throughout the reception on seperate sheet supplied)

***\*Feel free to alter these worksheets to suit your needs.***

Phone: 401.356.1321    e-mail: [theweddingsinger@wavesdj.com](mailto:theweddingsinger@wavesdj.com)

**Please mail these forms to:**

Sound~Waves Entertainment, 11 Sunnycrest Ave., No. Smithfield, RI 02896

