



Party Information Sheet

(Please return no later than 3 weeks prior to party)

Date of Party:

Start Time:

Place:

Guest of Honor:

Parents_____

Brothers and Sisters_____

Of children attending party_____

#Of adults attending party_____

Buffet or sit-down dinner (Circle one)

Introduction of Family Yes / / No / /

Will there be a Motzie? If so by whom_____

Toast? If yes, by whom_____

Candlelighting ceremony Yes / / No / /

Will guest of honor conduct the candlelighting? Yes / / No / /

Would you like to sing happy birthday after the candlelighting? Yes / /

No / /

Would you like to play a Hora? _____

Any other ethnic music? _____

First Dance? If yes with whom. _____

Any special requirements or information we should know about.

Candle Lighting

Name

Special Song

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. **Good Luck**

Music Request Sheet

Title

Artist

Circle the types of music you wish to have played

Big Bands	Top 40's	Classical	Country	Jewish
Classic Rock	Pop	Jazz	Motown	Italian
50's	60's	Club	Disco	Irish
Techno	Rap	Reggae	Alternative	Other

Don't Plays
