

YourSong Questionnaire



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Name of confidential contact person: _____

E-mail address for contact: _____ Phone: _____

Name of person song being written for: _____

Event being celebrated: _____

Nicknames: _____

Address: _____

Phone: _____

Favorite type of music: _____ Favorite band(s): _____

Desired type of music for this project (circle one): Country Ballad Standards
Blues Rock Reggae Funk Punk Rap Other _____

Favorite song: _____ Favorite book(s): _____

Favorite movies: _____ Favorite TV shows: _____

Name(s) & relationship of anyone you might want included in the song: _____

Hobbies/sports/crafts: _____

Their "15 minutes of fame": _____

Four descriptive words for them: _____ / _____ / _____ / _____

Describe their sense of humor: _____

Notable events or ideas you would like included in the song (use extra page if necessary): _____

Please return with payment by check or money order to:

YourSong, 1453 Westview Dr, Grants Pass, OR 97527

NOTE: Please include a picture for the CD & optional framed copy of lyrics.