sound credit

SOUND CREDIT CHECK-IN FORM

Artist Name: _____ Date: _____

Album/EP/Project Name: _____

Song names

List each song below to make it easy to reference the songs numbers for each participant.

1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

Participants

Name	Role	Song Numbers	Birthdate	Rights Org.	Mailing Address	Email

Participants

Name	Role	Song Numbers	Birthdate	Rights Org.	Mailing Address	Email

Participants

Name	Role	Song Numbers	Birthdate	Rights Org.	Mailing Address	Email

Participants

Name	Role	Song Numbers	Birthdate	Rights Org.	Mailing Address	Email