

Name of organization: \_\_\_\_\_

W O R K S A M P L E I N F O R M A T I O N ( C O N T ' D )

Additional copies of this form can be downloaded at [www.philadelphiamusicproject.org](http://www.philadelphiamusicproject.org) and attached as necessary. Work sample nos. should be continuous between CDs/DVDs. Don't start at "1" with each new media.

<b>Work Sample No.:</b>		<b>CD/DVD No.:</b>		<b>Track/Program No.:</b>	
<b>Format:</b>	<input type="checkbox"/> CD <input type="checkbox"/> DVD	<b>Length of Track:</b>			
<b>Start playback:</b>	<input type="checkbox"/> beginning of track	OR	MIN.	SEC. into track	
<b>Composer, Title/Date:</b>					
<b>Performing Ensemble:</b>					
<b>Conductor/Soloists</b> (identify musicians and their instruments/ voice)					
<b>Date of Recording:</b>	<b>Recording Type:</b>	<input type="checkbox"/> Live <input type="checkbox"/> Studio	<b>Edited?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Relevance to project (check all that apply):</b>	<input type="checkbox"/> resident artist	<input type="checkbox"/> guest artist	<input type="checkbox"/> composer		
<b>Comments (optional):</b>					

<b>Work Sample No.:</b>		<b>CD/DVD No.:</b>		<b>Track/Program No.:</b>	
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<b>Composer, Title/Date:</b>					
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<b>Date of Recording:</b>	<b>Recording Type:</b>	<input type="checkbox"/> Live <input type="checkbox"/> Studio	<b>Edited?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Relevance to project (check all that apply):</b>	<input type="checkbox"/> resident artist	<input type="checkbox"/> guest artist	<input type="checkbox"/> composer		
<b>Comments (optional):</b>					

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<b>Relevance to project (check all that apply):</b>	<input type="checkbox"/> resident artist	<input type="checkbox"/> guest artist	<input type="checkbox"/> composer		
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