

Request for Recording

 $\begin{tabular}{ll} \textit{Email your completed form to:} \\ \underline{\textit{music-tech@uwo.ca}} \\ \end{tabular}$

NOTE: While every effort is made to have faculty archival recordings available upon request, there are rare circumstances when a recording may not be available due to scheduling and/or staffing issues.

		Name: _						
Check One: Copy			opy of Re	py of Recorded Event		Private Recording Session		
				Event Requ al Event Rec	lest - \$30 quest(s) - \$5	Private Recording Session - \$100 Please contact Mike Godwin : mgodwin@uwo.ca		
				EVENT R	EQUEST INI	FORMATION		
	Year:	Month:	Day:	Time:	Venue:	Event Name	e: Cost:	
1.								
2.								
3.								
4.								
5.								
	TOTAL COST:							
		****	**** S T	TIDIO IISI	E ONLY – DO	NOT FILL OUT ****	*****	
DEAN'S OFFICE RECEIPT								
					X			
Requester's Name						Signature	Date	
Wade Haan					X			
	Payment Received By					Signature	Amount	
				REQU	JISITIONER'S	RECEIPT		
Name							Date	
	Wade Haan							
Payment Received By						Signature	Amount	