



NCMEA Recording Agreement

NCMEA Sponsored Event _____

Name of Event Chair _____

Mailing Address _____
Street City State Zip Code

E-mail Address _____

School Phone _____ Cell Phone _____

Recording Location

Site Name _____

Site Address _____
Street City State Zip Code

On Site Contact _____

Date _____ Time _____

Other Information _____

NCMEA will provide _____

Name of Company Providing Services _____

Mailing Address _____
Street City State Zip Code

E-mail Address _____

Business Phone _____ Cell Phone _____

Name of Technician for the Recording Session _____

Recording Company will provide _____

Please provide copies of all copyright paperwork for NCMEA files.

Signature of Company Representative

Date

Signature of NCMEA Student Event Chair

Date