

SHEL TALMY PRODUCTIONS – P.O. BOX 505; 8033 SUNSET BLVD., HOLLYWOOD CA 90066

PROJECT SUBMISSION FORM

Thank you for your interest in submitting your project to Shel Talmy. Please provide the following information in order that we may learn a little bit about you and your project.

BAND NAME: _____

TYPE OF MUSIC/GENRE: _____

Please list the names and ages of all members:

1) _____ Age: _____

2) _____ Age: _____

3) _____ Age: _____

4) _____ Age: _____

5) _____ Age: _____

6) _____ Age: _____

HAVE YOU EVER HAD A RECORDING CONTRACT OR ALBUM RELEASED? WITH WHAT LABEL? WHERE? WHEN? PLEASE DESCRIBE:

DO YOU CURRENTLY HAVE A MANAGER, AGENT OR OTHER REPRESENTATION?

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

NOTE:

Due to heavy response, we will unfortunately not be able to return your demos. Please do not send your only copies.