

Chit _____ Emily Carr Secondary School *Student's Name*

Sound Recording – From CD

Artist _____
(last name) , _____ (first name) .

Title of Song " _____ ."

Title of Album _____ ,
(*Italics*)

Composer(s) or Performer(s) _____ ,
(if ANY and different from Artist)

Recording Manufacturer _____ ,

Publication Date _____ .
(year)

TL Mark: /4

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