

Chit \_\_\_\_\_ **Emily Carr Secondary School** *Student's name:*

**Sound Recording -song from CD**

**Artist or Composer(s)** \_\_\_\_\_  
(last name) (first name)

**Title of Song** " \_\_\_\_\_ "

**Title of Album** \_\_\_\_\_  
(*Italics*)

**Performers** Perf. \_\_\_\_\_  
(if applicable)

**Date of Recording** Rec. \_\_\_\_\_  
(if applicable) (day) (month e.g. Aug.) (year)

**Manufacturer** \_\_\_\_\_

**Year of Issue** \_\_\_\_\_ . CD.  
(year)

TL Mark: /4

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