

Chit _____ Emily Carr Secondary School *Student's name:*

Sound Recording -mP3 song only

Artist or Composer(s) _____
(last name) (first name)

Title of Song _____
(*Italics*)

Performers Perf. _____
(if applicable)

Date of Recording Rec. _____
(if applicable) (day) (month e.g. Aug.) (year)

Manufacturer _____

Year of Issue _____ . mP3 .
(year)

TL Mark:
/4

Chit _____ Emily Carr Second

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