

# DEMO

# EVALUATION

(Referral)

\_\_\_\_\_

BAND/ARTIST NAME:		BATCH DATE:	
MEMBER(S):		BY:	DATE:
CONTACT: ADDRESS: CITY, ST. ZIP PHONE(S):		MEMO:	
* Enclosures: ___ CASSETTE, ___ LP, ___ 45, ___ CD, ___ VIDEO, ___ CV LET, ___ LYRICS ___ RESUME, ___ BIO, ___ PIC(S), ___ PRESS, ___ FLYERS, ___ MISCI			
** Over-All Evaluation: POP, METAL, THRASH, HARD ROCK, ADULT ROCK, COUNTRY, FOLK, CLASSICAL, NEW AGE, PUNK, NOSTALGIA, BIG BAND, SINGER, WRITER, PLAYER, OTHER: _____ JAZZ, FUSION, SOUL, R&B, FUNK, RAP, RAGGAE, DANCE, GOSPEL, CHRISTIAN PKG PRESENTATION-ABCDF INSIDE INFORMATION- ABCDF LISTENABILITY-ABCDF SOUND PRODUCTION-ABCDF SONG ARRANGEMENTS- ABCDF PERFORMANCE- ABCDF			
*** Comments About Each Song.....			
SONG #1 Title:		Writers:	
Comments:		Grade:	A B C D F
SONG #2 Title:		Writers:	
Comments:		Grade:	A B C D F
SONG #3 Title:		Writers:	
Comments:		Grade:	A B C D F
SONG #4 Title:		Writers:	
Comments:		Grade:	A B C D F
SONG #5 Title:		Writers:	
Comments:		Grade:	A B C D F

reply mailed:

forward to: