

Recording Studio Project Application Packet

Purpose of this packet:

In order to maintain records of the projects completed within the studio and to budget the available time within the studio complex each individual or group interested in working in the studio is required to submit this application packet. The information provided within this packet will only be used to budget time and resources to each project, estimate the cost of each project, and to maintain a record of the artists involved in the production.

How to use this packet:

Begin by glancing through the various pages to see what information you might need to gather before filling out the various forms. Among other things, you will need the full names and addresses of all artists involved in the project, a list of the musical works to be recorded along with their composer and copyright information, the instrumentation proposed for each work and the approximate length of each work. Then fill in the forms and please use ink and print neatly.

- The Soloist or Ensemble Name used in the packet should be the name of the solo or featured performer or the name by which the group is known publicly.
- The Artist of Record is the principal contact for the group and the individual responsible for scheduling, payment, and other duties.
- All projects require the selection of a Producer to act as a liaison between artist and engineer.
- All academic projects require the permission and signature of the course instructor.

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Artist Information:

Soloist or Ensemble Name: _____

Artist of Record Name: _____

(The Artist of Record will be the primary contact person for the recording session and will be responsible for all paperwork, scheduling, payment of recording fees, and all copyright issues. The Artist of Record also assumes responsibility for any losses or damages incurred during the recording session.)

Artist of Record Contact Information:

SSN or Student ID Number: _____

School Address: _____

Local Telephone: _____

Home Address: _____

Home Phone: _____ Cellular: _____

E-Mail Address (write legibly): _____

Producer: *All recording sessions must also specify a Producer for the session.*

The Producer is the primary liaison between the artists and engineer and is responsible for directing the artistic ideas during the session. The Producer is also responsible for insuring that the artists are thoroughly prepared for the recording session and capable of completing the recording project.

For student projects the Producer will typically be either the artist's primary instrument instructor, or the Recording Engineer.

A list of additional 'for-hire' Producers and their rates is also available at the Recording Office.

Producer Name: _____ Phone: _____

Signature: _____ Date: _____

Additional Artists: Other musicians involved in the project. (attach additional pages as necessary)

Name: _____ Instrument: _____

Address: _____ Phone: _____

Name: _____ Instrument: _____

Address: _____ Phone: _____

Name: _____ Instrument: _____

Address: _____ Phone: _____

Name: _____ Instrument: _____

Address: _____ Phone: _____

Name: _____ Instrument: _____

Address: _____ Phone: _____

Name: _____ Instrument: _____

Address: _____ Phone: _____

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Project Numbering:

All recording sessions are tracked with project numbers which provides the Recording Studio with a system of gathering statistical information about the services provided.

Soloist or Ensemble Name: _____

Artist of Record Name: _____

Pack submitted on: Month: _____ Day: _____ Year: _____

Please **CIRCLE ONLY ONE** selection for each of the following four categories:

Relation: (what is the Artist's relation to WSU)

- 1 – School of Music undergraduate student
- 2 – School of Music graduate student
- 3 – School of Music faculty/staff
- 4 – WSU (non-music) undergraduate student
- 5 – WSU (non-music) graduate student
- 6 – WSU (non-music) faculty/staff
- 7 – WSU alum
- 8 – WSU guest artist
- 9 – Univ. of Idaho student/faculty/staff
- 0 – Outside / no relation to WSU

Service Level: (what type of work will be done)

- 1 – Compilation / Touch Up / Dubbing
- 2 – 2-track Editing or Mastering
- 3 – Broadcast or Theatrical Sound Production
- 4 – Music / Audio for video
- 5 – Live to Multi-track without mixing
- 6 – Live to Multi-track w/ mixing & mastering
- 7 – Other / non-recording services
- 8 – Live to 2-track (**Basic Recital Recording**)
- 9 – Small scale Multi-track / overdub / edit / mix
- 0 – Large scale Multi-track / overdub / edit / mix

Purpose: (what purpose will the recording serve)

- 1 – Archive (**Basic Recital Recording**)
- 2 – Coursework / Class Project
- 3 – Audition / Competition
- 4 – Resumé / Portfolio / Demo
- 5 – Personal Use / Experience / Family
- 6 – Student Engineer Project
- 7 – WSU sponsored production
- 8 – Charitable / Community Outreach
- 9 – Private / Self Release
- 0 – Commercial Label Release

Location: (where will the musicians be recorded)

- 1 – Kimbrough Concert Hall rm.110 **
- 2 – Kimbrough Lecture Hall rm.101
- 3 – Kimbrough Rehearsal Hall rm.115
- 4 – Kimbrough Other Location _____
- 5 – Bryan Hall Theater **
- 6 – WSU Library, museum, Daggy, or Wadleigh
- 7 – Other WSU Campus location
- 8 – Off campus within Pullman (*write location below*)
- 9 – Off campus & out of town (*write location below*)
- 0 – WSU Recording Studio

**Must schedule with Facilities Coordinator (509) 335-4148

Off campus location: _____

Please attach driving directions for off campus venues.

* Occasionally, students interested in learning about recording would like to sit in on sessions.

Please indicate if you would allow student observers at you sessions. **Yes:** _____ **No:** _____

Studio staff only below this line

Project Name: _____

Project Number: _____ - _____ - _____
Year R P S L #

Rate: _____ / _____

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Composition Information:

Soloist or Ensemble Name: _____

Artist of Record Name: _____

Please list all works to be recorded during the session including the title, composer, instrumentation, approximate length, and copyright holder for each work. Specify whether the copyright holder is the Composer, Publisher, Arranger, or if the work is in the Public Domain.

Attach additional pages as necessary, notated concert programs are acceptable for performances.

Title: _____

Composer: _____ Length: _____

Instrumentation: _____

Copyright Holder: _____

Title: _____

Composer: _____ Length: _____

Instrumentation: _____

Copyright Holder: _____

Title: _____

Composer: _____ Length: _____

Instrumentation: _____

Copyright Holder: _____

Title: _____

Composer: _____ Length: _____

Instrumentation: _____

Copyright Holder: _____

Title: _____

Composer: _____ Length: _____

Instrumentation: _____

Copyright Holder: _____

Title: _____

Composer: _____ Length: _____

Instrumentation: _____

Copyright Holder: _____

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Session Date Request:

Soloist or Ensemble Name: _____

Artist of Record Name: _____

Several standard session times are available each week though these may change from semester to semester. Please consult the weekly schedule posted outside the recording studio office to see what these standard times are and if your session will fit within those times.

In the spaces below indicate the date and times you wish to record and whether each date is intended for a live recording, or a tracking, mixing, or mastering session. If you are not sure of the exact time of day then just fill in the dates you wish to record and consult with the Recording Engineer or the Studio Manager to determine an exact recording time. If your first choice of session dates is not available the Recording Engineer or Studio Manager will help to arrange an alternative date.

For your own sake, don't confirm a date with other musicians until it has been confirmed by the Studio.

Day of Week: _____ **Month:** _____ **Date:** _____ **Year:** _____

Start Time: _____ **End Time:** _____ **Type of Session:** _____

circle:

and-or **Day of Week:** _____ **Month:** _____ **Date:** _____ **Year:** _____

Start Time: _____ **End Time:** _____ **Type of Session:** _____

and-or **Day of Week:** _____ **Month:** _____ **Date:** _____ **Year:** _____

Start Time: _____ **End Time:** _____ **Type of Session:** _____

and-or **Day of Week:** _____ **Month:** _____ **Date:** _____ **Year:** _____

Start Time: _____ **End Time:** _____ **Type of Session:** _____

and-or **Day of Week:** _____ **Month:** _____ **Date:** _____ **Year:** _____

Start Time: _____ **End Time:** _____ **Type of Session:** _____

Instructor Approval:

Students working on academic related projects must receive faculty approval for their session before the session may be scheduled. For School of Music students this permission would typically come from their primary studio instructor. For other students, permission should come from the instructor of the course for which the project would apply.

I certify that the above named student is preparing this project for purposes related to their studies at WSU and that he/she is suitably prepared to complete the project.

Instructor Name: _____ Phone: _____

Signature: _____ Date: _____

Course Title: _____ Number: _____