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Title of GMP Composition:	Playing Time:
Quantity of Recordings Produced:	
Royalty Rate:¢	
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AMOUNT DUE (Quantity x Royalty Rate):	x¢ = \$

Organization: Music Director:		
Street:		
City:	State:	Zip:
Phone: () -	Fax: () -	-
Email:		
Website:		

Signature of agent for the RECORDING GROUP	Signature of agent for GLADDE MUSIC PUBLICATIONS
Date:	Date:
Print name:	Bradley Nelson (Composer)
Your phone: () -	(619) 463-5316

Please send this completed form with check payable to:

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