

RECORDING FORM

Date of the recording * :

Group :

Reference number * :

Type of file * :

Quantity of takes :

Best takes :

THE AUDIO/VIDEO ITSELF

Title * :

Original title :

Description * :

Summary :

Language of the audio/video :

Subject * :

Related ethnic group * :

City :

Province * :

THE COMPOSER/AUTHOR OF THE MUSIC/TALE/DANCE

Author(s)/Composer(s) :

Age/Date of composition :

Musician / Storyteller :

THE RECORDER

Recorder(s) * :

Place of recording :

Date of recording :