

# PROFESSIONAL DEMO RECORDING

1-867-667-5400

1-800-661-0408 ext 5400 toll free in Yukon

The following information is mandatory and must accompany your submission.

**Submit 5 (five) copies:**

- Legible, signed and completed YFSC Professional Demo Recording application form.
- An open letter explaining why you are making the application and what you want to do with the demo.
- Lyric sheets of **all** the songs to be recorded.
- Biographical material on the artist/group.

**Other:**

- **2 (two) Demo CDs** of one of the songs to be recorded on the project (no other format accepted).

**Note:**

- Yukon Film & Sound Commission may ask you to provide proof of Yukon residency for the period of one year for the applicant and each group member.

Have you previously received a YFSC Sound Recording Program award?    Yes     No

If **Yes**, indicate which award(s) and date(s) \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL BE REJECTED AS INELIGIBLE.**

## SECTION ONE

### 1. **Key Participants – Applicant Information**

(A) Individual or Company Applying: \_\_\_\_\_

*The above stated company/individual will be responsible for the grant and for all reporting. The above will be named as Contribution Agreement "Recipient".*

(B) Incorporated in Yukon    Yes     No   
Proof of Registration (attach copy of registration or provide number) \_\_\_\_\_

Registered in Yukon    Yes     No   
Proof of Registration (attach copy of registration or provide number) \_\_\_\_\_

(C) Industry Function (check 1 only)  
Artist     Studio     Label

**(D) Contact Information**

Contact Person \_\_\_\_\_ Day Ph \_\_\_\_\_

Fax \_\_\_\_\_ Cell/Eve Ph \_\_\_\_\_

Street Address \_\_\_\_\_

PO BOX \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ EMAIL \_\_\_\_\_

**(E)** Did anyone other than the applicant complete this application form?  YES  NO

If yes, who? \_\_\_\_\_ Ph \_\_\_\_\_

**2. Artist Information**

**(A)** Artist/Group Name \_\_\_\_\_

**(B)** Is the Artist/Group a Yukon Resident?  YES  NO  
*Verification of Yukon Residency is required (Yukon Health Card Number).*

**(C)** Artist's Residence (City) \_\_\_\_\_ Prov/Ter \_\_\_\_\_

**Note: In the case of collaboration, please indicate the residence of all artists (attach sheet if necessary). If the artists are Yukon residents, a valid Yukon Health Care # for each artist must be provided.**

**SECTION TWO**

**1. Planned Project Information**

Recording Start Date (give specific date) \_\_\_\_\_

Studio Name \_\_\_\_\_ Home Studio?  YES  NO

Studio Owner \_\_\_\_\_ Yukon Resident?  YES  NO

Studio Address \_\_\_\_\_

City/Prov/Territory/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ EMAIL \_\_\_\_\_

Name of Producer of Demo \_\_\_\_\_ Yukon Resident?  YES  NO  
Name of Engineer of Demo \_\_\_\_\_ Yukon Resident?  YES  NO

Is the artist or applicant affiliated with any of the above mentioned personnel/companies?

YES  NO If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

If project participants (ie: producer, artist, engineer, etc.) perform more than one function for this project, please provide details. \_\_\_\_\_  
\_\_\_\_\_

Please indicate what you intend to do with the finished demo. Attach additional sheets if necessary. \_\_\_\_\_  
\_\_\_\_\_

### SECTION THREE

*Applicants must include a CDR and lyric sheet of the song that will be evaluated by a panel of music industry professionals.*

Song Title \_\_\_\_\_ Instrumental?  YES  NO

Composer(s) \_\_\_\_\_ Song Length \_\_\_\_\_

Check one:  Original  Cover  Other (specify) \_\_\_\_\_

Demo recorded at  Home  Studio Studio Name \_\_\_\_\_

Specify method of recording (porta-studio, 4,8,16,14 track, etc.) \_\_\_\_\_

Indicate proposed changes to be made from the demo submitted. Attach additional information if necessary. \_\_\_\_\_  
\_\_\_\_\_

Please indicate song titles and any Yukon resident or business participation of any other songs that will be recorded.

Song Title	Composer(s)	Yukon ( <i>yes or no</i> )	Instrumental (no lyrics) <i>yes or no</i>
<hr/>			
<hr/>			
<hr/>			

When applications are rejected by the jury process, an evaluation form is completed reflecting the reasons for not approving the project. Would you like to receive the evaluation form?

YES  NO

## SECTION FOUR

### 1. *Budget*

Studio Name \_\_\_\_\_ Studio Owner \_\_\_\_\_

Studio Address \_\_\_\_\_

City/Territory/Postal Code \_\_\_\_\_

Studio Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

***Please complete Budget Table on page 5.***

## 2. Production: Recording and Mixing

<i>(GST is not an eligible expense)</i>	CASH EXPENDITURE	DONATED SERVICES	YUKON EXPENSE Y or N
Studio Hourly Rate Number of Hours _____ x rate \$ _____ <i>A maximum of 25 hrs will be recognized by YFSC</i>			
Is the engineer rate included in the above <input type="checkbox"/> yes <input type="checkbox"/> no			
Rentals (specify)		N/A	
CDRs, Tapes, Supplies		N/A	
Musicians ( <i>length of Demo Session 2 hr max.</i> ) <b>Leader</b> no. of Sessions _____ x rate \$ _____			
No of <b>Players</b> _____ x no. of Sessions _____ x rate \$ _____			
No of <b>Singers</b> _____ x no. of Sessions _____ x rate \$ _____			
<b>Engineer</b> no. of Sessions _____ x rate \$ _____			
<b>Producer's Fees</b> name _____			
Miscellaneous Expenditures (specify) _____ _____			
<b>TOTALS</b>			
<b>TOTAL ELIGIBLE BUDGET</b> <b>(Cash expenditure plus donated services)</b>			
<b>TOTAL REQUEST FROM YFSC</b>			

The total request from YFSC cannot exceed 50% of the total eligible budget, and cannot exceed the total cash expenditure, to a maximum of \$2,000.00. YFSC's contribution to the project combined with any other Yukon Government funding cannot exceed 75% of the total eligible budget and may not exceed the total cash expenditure.

### DECLARE OTHER GOVERNMENT SOURCES OF FUNDING FOR THIS PROJECT:

Organization/Agency \_\_\_\_\_

Requested \$ \_\_\_\_\_ Approved \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

I hereby warrant that the information submitted in this application is correct to the best of my knowledge.