Recording Project Name _____

Date _____ Location _____

Team Members

_____

Team Contact Information _____

Client Name _____ Contact _____ Recording Date Confirmed? _____

Setup Time _____ Setup Space -Table Location Confirmed? _____

Microphones Used

Model _____

Model _____

Model _____

Model _____

Model _____

Model _____

Interface Used

_____

_____

#Stands Tall: #Short:
#Tables: Snake:
#XLR Cables:
USB Cable:
Headphones:
Power Cord: Power Strip:
Blanket:
Masking Tape: _____

Plan Sketch

Take Titles and Locators

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

File Names

_____