



Sound Recording Technology
 University of Massachusetts Lowell
 35 WILDER STREET SUITE 3
 LOWELL, MASS 01854
 (978) 934-3850

Date: _____ Page: ____ of ____
 Studio/Machine: _____
 Course/Lab: _____
 Eng/Assist: _____
 Artist: _____

Title:				Take/Loc:	1	2	3
1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24

Level: _____
 Reel #: ___ of ___ 15 IPS 30 IPS
 Date: ___/___/___ Dolby SR

Comments: _____

