



Fresh Recording Studio Artist

Expression of Interest

Artist / Group Details			
Act Name			
Artist / Group Members	Full Name	Aged between 12- 24 years?	Live, study and/or work in Frankston L.G.A.?
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Contact Details	
Key Contact Name	
Key Contact Role (e.g. manager, band member, artist)	
Key Contact E-mail	
Secondary Contact Name	
Secondary Contact Role (e.g. manager, band member, artist)	
Secondary Contact E-mail	
Secondary Contact Phone	

About your music	
Describe the music you'd like to record and the goals you would like to achieve.	
Have you recorded your music before?	<input type="checkbox"/> No <input type="checkbox"/> Yes, where?

Thanks for your interest in the Fresh Studio. Please note that all participants must complete at Frankston Youth Service program registration form.

Please email the form to: freeza@frakston.vic.gov.au



Availability	Available Time(s) – Please tick one or more			
Monday	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-5pm	<input type="checkbox"/> 5-9pm
Tuesday	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-5pm	<input type="checkbox"/> 5-9pm
Wednesday	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-5pm	<input type="checkbox"/> 5-9pm
Thursday	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-5pm	<input type="checkbox"/> 5-9pm
Friday	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-5pm	<input type="checkbox"/> 5-9pm
Saturday	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-5pm	<input type="checkbox"/> 5-9pm
Sunday	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-5pm	<input type="checkbox"/> 5-9pm
Do you or any other members have commitments or activities that may impact your participation?				

Additional Information	
Are there any issues that may impact your involvement in the program?	
How did you find out about the Youth Recording Studio?	
Referred by (if applicable)	
Further information or comments	

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