

Mr. Toad's

Tape/CD Details

Client Name: _____

Job Name: _____

Order: _____

Work Phone: _____ Email: _____

Home Phone: _____ Date: _____

Mark which songs to be mastered or transferred with

TAPE#	START ID#	↓↓	SONG (TRACK) TITLE	FINAL TRACK #	HOURS	MINUTES	SECONDS
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____
()	()	<input type="checkbox"/>	_____	()	START TIME:	_____	_____
					END TIME:	_____	_____

Notes: _____
