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**METRO FM MUSIC AWARDS SUBMISSION FORM**

**BEST COLLABORATION**

|  |  |
| --- | --- |
| NAME OF ARTIST/GROUP |  |
| ALBUM RELEASE DATE |  |

**PLEASE IDENTIFY SONG/S TO BE JUDGED:**

|  |  |
| --- | --- |
| SONG TITLE |  |
| RELEASE DATE |  |

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| SONG TITLE |  |
| RELEASE DATE |  |

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| RELEASE DATE |  |

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| SONG TITLE |  |
| RELEASE DATE |  |

**CONTACT INFORMATION (ARTIST/AGENT/MANAGER)**

|  |  |
| --- | --- |
| NAME |  |
| RECORD COMPANY |  |
| ADDRESS |  |
| CONTACT NUMBER |  |
| E-MAIL ADDRESS |  |

**NB: THIS FORM INCLUDING 4 CD COPIES OF THE NOMINATED ARTISTS/GROUPS MUST BE HAND DELIVERED TO THE ADDRESS BELOW:**

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| **METRO FM MUSIC AWARDS**  METRO FM Office 826  8TH FLOOR – SABC RADIO PARK  HENLEY ROAD  AUCKLAND PARK, 2006 |