

METRO FM MUSIC AWARDS SUBMISSION FORM

BEST HIT SINGLE

NAME OF ARTIST/GROUP	
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PLEASE IDENTIFY SONG/S TO BE JUDGED:

SINGLE TITLE	
RELEASE DATE	

SINGLE TITLE	
RELEASE DATE	

SINGLE TITLE	
RELEASE DATE	

SINGLE TITLE	
RELEASE DATE	

SINGLE 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:

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