

METRO FM MUSIC AWARDS SUBMISSION FORM

BEST REMIX

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

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| SINGLE TITLE | |
| RELEASE DATE | |

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| SINGLE TITLE | |
| RELEASE DATE | |

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| SINGLE TITLE | |
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| SINGLE TITLE | |
| RELEASE DATE | |

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| SINGLE TITLE | |
| RELEASE DATE | |

CONTACT INFORMATION (ARTIST/AGENT/MANAGER)

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|----------------|--|
| 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 8 TH FLOOR – SABC RADIO PARK HENLEY ROAD AUCKLAND PARK, 2006 |
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