

# HOSPITAL HILL

## R E C O R D I N G S

### Session Booking Form

(Terms & Conditions)

Please fill this form out and fax or email back (see below)

This booking is made between **Hospital Hill Recordings** and:

.....  
(name of entity/individual for billing)

.....  
(address)

For the following session:

.....  
(name of artist or group and album or project)

### Session Information

Date	Start Time	Finish Time	Session Type	Other Information
			Record <input type="checkbox"/> Edit <input type="checkbox"/> Mix <input type="checkbox"/> Master <input type="checkbox"/> Video <input type="checkbox"/> Other <input type="checkbox"/>	
			Record <input type="checkbox"/> Edit <input type="checkbox"/> Mix <input type="checkbox"/> Master <input type="checkbox"/> Video <input type="checkbox"/> Other <input type="checkbox"/>	
			Record <input type="checkbox"/> Edit <input type="checkbox"/> Mix <input type="checkbox"/> Master <input type="checkbox"/> Video <input type="checkbox"/> Other <input type="checkbox"/>	
			Record <input type="checkbox"/> Edit <input type="checkbox"/> Mix <input type="checkbox"/> Master <input type="checkbox"/> Video <input type="checkbox"/> Other <input type="checkbox"/>	

For the agreed total fee of \$.....

#### Payment terms:

A deposit of 50% of the total is payable on submission of your booking form. The balance (including any extra fees incurred) is due 7 days after the conclusion of the session. Masters will not be released until final payment is received.

Payment can be made to Hospital Hill Recordings via cheque, direct deposit or cash.

Booking confirmed with return of this form and 50% deposit.

#### Cancellations

The following rates will apply in the event of cancellation of a booking which has been confirmed with a completed booking form:

14 - 30 days notice 10%  
3 - 13 days notice 20%  
0 - 2 days notice 50%

Some bookings may require a pre-session meeting to discuss and plan the most efficient use of time. This meeting will be at the discretion of Hospital Hill Recordings but can be requested upon booking.

It is important to have clear 'quality expectations' for your project and associated with that, an idea of its final purpose, as this will affect the amount of time and cost of the project. For example: demo / audition tape or DVD / promo / professional release etc.

It is not the responsibility of Hospital Hill Recordings to archive or back up your project after it is completed.

If the project involves the use of *Trackdown Scoring Stage*, please be aware of their terms and conditions.

Album credits are at the discretion of Hospital Hill Recordings. Please consult us before going to print.

#### Contact

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Jacob: 0406 507 096  
Matt: 0417 760 586  
Fax: 02 9630 6537

#### Direct Deposit

Account Name: Matthew McGuigan  
BSB: 064712  
Account No: 10069007