"Coming At You From Every Angle"
Production & Management Interest Form

Scan/Email document to: y2@y2mgmt.com

Artist Name_____

Contact Person _____

Street Address 1_____

Street Address 2_____

City _____ **State** _____

Country _____

Principal Email _____

E-mail 2 (if applicable) _____

Telephone 1 _____**Fax** _____

Telephone 2 _____

Non-Profit Designation _____

<u>YOUR ORGANIZATION</u>

Have you ever done business with Y2 Management, LLC? ○ **YES** ○ **NO**

TYPE OF PRODUCTION DESIRED:
(check all that apply)

- ☐ **Album**
- ☐ **Single / EP**
- ☐ **Singer / Songwriter**
- ☐ **Jingle / Commercial**
- ☐ **Multimedia**
- ☐ **Other**

ARTIST MANAGEMENT / CONSULTING:
(check all that apply)

- ☐ **Artist development, management**
- ☐ **Artist consulting**
- ☐ **Music business consulting**

RECORD SERVICES:
(check all that apply)

- ☐ **Mastering**
- ☐ **Layout & Design**
- ☐ **Manufacture**
- ☐ **Airplay Promotion**
- ☐ **Distribution**
- ☐ **Publicity**
- ☐ **Booking / Touring**
- ☐ **Consulting / Training**
- ☐ **Other**

Available payment methods for management services are accepted in the following forms:

○ **Mail check/M.O.** ○ **cash/in person**

Additional Comments:

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Thank you. You will be contacted by a representative.

For Y2 Management Office Use Only

Date received in office_____ Date approved_____

_____
Executive Member