

Go! Fight! Win!™

REMIX REQUEST FORM

PLEASE SUBMIT ONE REMIX REQUEST FORM PER ROUTINE

Gym/School Name	Level	All Star Team Name <u>or</u> School Mascot

Contact Person	Email Address	Phone
	@	() -

Are you enrolled in the Customer Incentive Plan?

 YES NO

For all customers not enrolled in the CIP, Changes must be submitted no later than 7 days after your music was received. ANY REVISION REQUESTS RECEIVED AFTER THE 7 DAY PERIOD will be billed at \$75/hour.

PLEASE BE AS DETAILED AS POSSIBLE WHEN FILLING OUT THE REMIX CHART BELOW...

1	TIME WHERE REMIX SHOULD OCCUR	__ : __	REMIX DESCRIPTION -
	SONG TITLE / 8 COUNT #	/	
2	TIME WHERE REMIX SHOULD OCCUR	__ : __	REMIX DESCRIPTION -
	SONG TITLE / 8 COUNT #	/	
3	TIME WHERE REMIX SHOULD OCCUR	__ : __	REMIX DESCRIPTION -
	SONG TITLE / 8 COUNT #	/	
4	TIME WHERE REMIX SHOULD OCCUR	__ : __	REMIX DESCRIPTION -
	SONG TITLE / 8 COUNT #	/	
5	TIME WHERE REMIX SHOULD OCCUR	__ : __	REMIX DESCRIPTION -
	SONG TITLE / 8 COUNT #	/	
6	TIME WHERE REMIX SHOULD OCCUR	__ : __	REMIX DESCRIPTION -
	SONG TITLE / 8 COUNT #	/	

Date Submitted

/	/
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Please email your completed Remix Request Form to info@gofightwinmusic.com or fax it to (818) 301-2023 for processing. Once we receive your Remix Request Form, you will receive an email confirmation.

THANK YOU FOR CHOOSING Go! Fight! Win!™

Office Use Only	