

CA AUDIO ARCHIVE

Please include this form when sending recordings for the archive

NAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____

E-MAIL _____

SPEAKER _____

TITLE _____

DATE OF RECORDING _____

PLACE/OCCASION _____

SUITABLE FOR STUDENTS? Yes No

ILLUSTRATED? Yes No

HANDOUT PROVIDED? Yes No

ANY OTHER DETAILS _____

Please send discs/tapes to:

The Curator
CA Audio Archive
4 Stonecliffe View
Leeds
West Yorkshire LS12 5BE