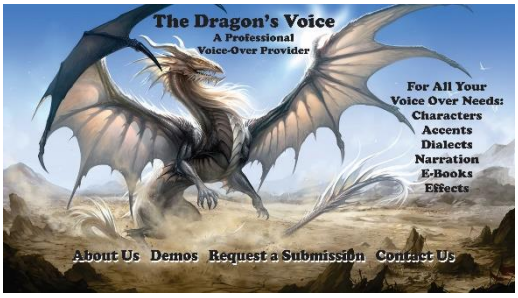

The Dragon's Voice

Professional Voice-Over Submission Form

Please use this form to request a read and quote for your business.

Company name: _____

Address: _____
City State Zip Code

Phone #: _____ **Ext:** _____

Email: _____@_____

Contact Person: _____ **Title:** _____

This is a simplified form. For more details we will need additional communication.

Type of work:
- ☐ Commercial
- ☐ Announcer
- ☐ Character
- ☐ Effects:
- ☐ Sound Effects
- ☐ Music
- ☐ Narration
- ☐ E-Learning
- ☐ Inspirational
- ☐ Accents/Dialect

Basic feel for the track:
- ☐ Excited
- ☐ Quiet
- ☐ Commanding
- ☐ Young
- ☐ Middle-age
- ☐ Older

Sex/Gender:
- ☐ Male
- ☐ Female
- ☐ Other

Script length in seconds: _____

Script Details: (If you need more space, please use a separate sheet.)
You can also request a sample format.

_____
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