

8-Count Sheet

		•	To	Today's Date:						
Program Name: Mix Type:					Team Name:					
			Mix Length:							
Order# or Email:					Mix Speed (BPM):		4 4 B	9 41 43		
	Section Section	ne of the 8-count sheet to indicate what cou								
		1	2	3	4	5	6	7	8	
	Music Starts									
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16									·	
17										
18										
19										
20										
21										
22										
23										

	Section	1	2	3	4	5	6	7	8
24									
25									
26									
27									
28									·
29									
30									
31									
32									
33									
34									
35									
36									
37									
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40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									



Song Request Information

If you or your team have any song requests, please provide the information for each song in the boxes below. Song requests are optional and not required. **Columns with an astrick (*) are required.**

	Song Title*	Artist/Band/Version	Licensed Music Source*	Portion of Song (ex. 1:30-1:42)	Routine Section
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Notes for Producer

If you have any	additional notes or requests that can help us make your custom mix more personalize	d to
	your team, routine, or style, please provide them in the box below.	

E-mail or share this form to info@zerodeductions.com for the production of your mix to begin!