

Office Use:	
Date Rec'd:	
Recital Booked:	

RECITAL CONTRACT

Deadline to Schedule Fall Recital: Monday, September 26, 2016 Deadline to Schedule Spring Recital: Monday, December 5, 2016

Name				Phone		
Instrument						
Proposed Recital Date				Time		
Alternate Recital Date				Time		
Type of Recital (circle one):	Junior+	Senior	Graduate	Artist Diploma	Non-Degree*	
I am registered to receive credi	t for my recital i	n the follow	ving term:		·	
Degree (circle one): BA	Performanc	ce Mu	sic Education	Composition	Conducting	
* See Student Handbook for re- + Students giving their Junior I		so be registe	ered for Literatu	re of the Major in the s	same semester.	
By securing the above date on	the calendar for	r my recital,	, I understand th	nat I am committed to j	performing my recital on	
this day. I also understand that	it if I cancel or	postpone n	ny recital for an	ny reason other than se	erious illness or unusual	
circumstances beyond my cont	rol, I cannot res	chedule my	recital until the	following semester. I h	nave read and completely	
understand the recital policies a	as outlined in the	e Student Ha	andbook.			
Student Signature			Date			
My Instructor, Accompanist, an	nd all other parti	cipants in th	nis recital have a	approved the above date	e and time.	
Instructor's Name			Instructor's Signature			
Accompanist's Name			Accompanist's Signature			
Name and Signature of each pa	rticipant:					
		,				

Please add any additional names and signatures to the back of this contract.