



## RECITAL & CONCERT SERVICES FORM

This form must be returned to the School of Music office a minimum of 10 business days before the recital along with the Recital Program. **No exceptions will be made.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Proposed Recital/Concert Date \_\_\_\_\_ Time \_\_\_\_\_

**Type of Recital:** Student Recital: Junior  Senior  Graduate  Artist Diploma  Non-Degree

Faculty Recital: Solo  Chamber

University Ensemble: Name: \_\_\_\_\_

**Location of Recital:** Watchorn  Chapel  Other \_\_\_\_\_

### For Solo Recitals:

Instrument \_\_\_\_\_ Accompanist \_\_\_\_\_

### For Chamber Recitals:

Name & Instrument (list each member and their instrument; attach a separate page for large groups)

_____	_____
_____	_____
_____	_____
_____	_____

# of Music Stands \_\_\_\_\_ # of Chairs \_\_\_\_\_ Piano \_\_\_\_\_ Other \_\_\_\_\_

Additional staging instructions (if needed):

**Ensemble Director** – Please indicate the students assigned to the following positions:

Ensemble Stage Manager \_\_\_\_\_

Graduate Assistant \_\_\_\_\_