



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 _____