

STUDENT RECITAL HOUR INFORMATION FORM

Please limit length 5-6 minutes if possible. Complete form and leave in the Music Office, Room 150 no later than Thursday at 4 p.m. for the Tuesday recital and Monday at 4:00 p.m. for the Thursday recital hour.

HAND WRITTEN FORMS NOT ACCEPTED!

*Please check the appropriate day of performance:

____ Tuesday (Voice, Strings, Guitar) ____ Thursday (Brass, Woodwinds, Percussion, Piano)

*Performance Date: _____

*TITLE(S) OF WORK(S) TO BE PERFORMED: _____

CATALOG NUMBERS (BWV, Köchel, etc.): _____

*COMPOSER (full name) _____

*COMPOSER'S BIRTH DATE: _____

*COMPOSER'S DEATH DATE (or living): _____

ARRANGER: _____

POET (full name) AND DATES: _____

*TOTAL DURATION OF PERFORMANCE: _____

*PERFORMER'S NAME: _____

Additional Names (for groups): _____

LOCAL PHONE # OR E-MAIL ADDRESS: _____

*INSTR. PERFORMING ON: OR VOCAL CLASS: _____

ACCOMPANIST: _____

*PRIVATE INSTRUCTOR'S SIGNATURE: _____

***Denotes required fields. Form will be rejected without this information. Please provide e-mail address if you wish to be notified of a problem otherwise you will be rejected without notification.**