

Recital Scheduling Form

ALL SCHEDULING AND APPROVALS MUST BE COMPLETED NO LATER THAN THREE (3) WEEKS PRIOR TO THE PERFORMANCE DATE

Today's Date: _____

Responsible Party: _____ Phone: _____

Type of Program and/or purpose: _____

Performance location (e.g. Concert Hall): _____

Performance Date: _____ Performance Time: _____

Duration of program (approx. length in minutes incl. breaks and/or intermission) _____

Rehearsal Date (s): _____ Rehearsal time(s): (Begin): _____ (End): _____

Performer(s): _____

Accompanist: _____
(All accompanists must be approved by Dr. Chang-see below)

Stage/equipment requirements (choice of piano, music stands, etc.):

Program (incl. program notes, if any): ATTACH SEPARATE TYPED SHEET (DUE 3 WEEKS PRIOR TO RECITAL)

Number of Printed Programs needed: _____ Audio Recording: Y/N _____; CD _____ Cass. _____

Approvals: ALL SIGNATURES AND TYPED PROGRAM **MUST** BE TURNED INTO THE MUSIC OFFICE **NO LATER THAN 3 WEEKS PRIOR** TO THE EVENT DATE

Applied Teacher Approval: _____
Signature Date

Piano Division Approval of Accompanist: _____
Signature Date

Department Approval: _____
Signature Date

Copy to user: _____; Copy to stage management _____; Copy to recording: _____; Copy to website _____;

Publicity: _____
