

# Departmental Recital Request Form

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Instrument or Voice Part: \_\_\_\_\_

**Fall 2009 Dates:** September 23 – October 21 – November 11 – December 2

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

1.) Repertoire to be performed: \_\_\_\_\_

Composer: \_\_\_\_\_

Time of performance: \_\_\_\_\_

2.) Repertoire to be performed: \_\_\_\_\_

Composer: \_\_\_\_\_

Time of performance: \_\_\_\_\_

You may perform an entire recital group (a set of songs or multiple movements of work) if there is sufficient time available on the program. However, you will be held to a ten-minute maximum if there is not.

You must time each composition separately.

Private Instruction Teacher's Signature: \_\_\_\_\_

Accompanist's Signature: \_\_\_\_\_

Please place this form in Dr. Bjorem's box in the music office no later than 4:00 p.m. on the Monday prior to the Departmental Recital date on which you wish to perform.

Forms will not be accepted without time, accompanist's and teacher's signatures.

Date/Time received

\_\_\_\_\_