Please complete the following form and submit it to the Music Office, Shafer 06.

**Performer Information**

Name: ____________________________________________

Instrument/Voice Type: _____________________________

Is this a JUNIOR or SENIOR recital? (circle one)

**Additional Performers**

Name__________________________________________ Instrument ______________________________
Name__________________________________________ Instrument ______________________________
Name__________________________________________ Instrument ______________________________

**Requested Venue**

Shafer Auditorium ☐ Akus Gallery ☐ Shafer 216 ☐ Webb 110 ☐ Betty Tipton Room ☐ Student Center Theater ☐

**Requested Date and Time of Recital**

1st Choice (date and time): ____________________________ 2nd Choice (date and time): ____________________________

**Requested Date and Time of Dress Rehearsal**

1st Choice (date and time): ____________________________ 2nd Choice (date and time): ____________________________

**Please list any additional required resources:**
(Example: podium for lecture recitals, projection equipment, etc.)

Student’s Signature: ________________________________ Date______________

Instructor’s Signature: ______________________________ Date______________