

RECITAL SCHEDULING FORM

NAME: _____ I.D.#: _____

TEACHER: _____

TYPE OF RECITAL: Curricular? Y / N Junior/Senior Other _____ (\$50) ☐

INSTRUMENT: _____

NUMBER OF PIANOS BEING USED: ☐ One ☐ Two

REQUESTED DATE: _____ TIME: _____

SECOND CHOICE DATE: _____ TIME: _____

AREAS NEEDED:

- ☐ Recital Hall ☐ Recital Hall Lobby (for reception)
☐ Board Room Kitchen (for reception)

SIGNATURES: Please obtain signatures in the order they're listed. After getting your teacher's signature, return the form to the Music & Worship Department administrative assistant.

Accompanist (if applicable) _____

Teacher _____

Music Administrative Assistant initials _____

OFFICE USE ONLY:

Campus Experience Secure the Date Submitted (date) _____

Room Reservation requested on myCU (date) _____

Room Reservations approval (check mark) _____

APPROVED DATE AND TIME OF RECITAL

DATE: _____