

EASTERN MICHIGAN UNIVERSITY
School of Music and Dance

THURSDAY RECITAL FORM

Please type or print information **clearly**. Give information EXACTLY as needed for the final program. Check format and spelling. Submit paper form to Gary Pedersen by 5:00 PM Monday afternoon before the intended recital. (Place in envelope outside his office, Room 304 Alexander, or in his mailbox.)

RECITAL DATES REQUESTED (please give at least two possible dates, in order of preference):

Does this performance fulfill eligibility for upper level applied study? Y / N (circle one)

DATE AND TIME SUBMITTED:

TITLE (include Opus, movement titles, etc):

COMPOSER'S NAME (in full), and DATES:

NAMES OF PERFORMERS (in full), INSTRUMENTS:

ACCURATE TIMING: _____ minutes, _____ seconds

SETUP: Number of chairs _____, number of stands _____

Draw the setup if necessary, in this space:

FRONT OF STAGE

SIGNATURE OF FACULTY SPONSOR: _____

Faculty sponsor will receive email confirmation of the assigned recital date.