

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 printed program. Please check spelling. **Submit form to Prof. Dan Foster by at least 5:00 PM Monday afternoon before the intended recital.** (Place paper form in labelled envelope outside my office, Room 335 Alexander, or email the filled-out form to me at dfoster@emich.edu.)

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

DATE AND TIME SUBMITTED: _____

FULL 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 _____, using piano? Y N

SIGNATURE OF FACULTY SPONSOR (or it may be emailed by faculty sponsor):

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