*Recital Rehearsal Schedule

Kretschmer Recital Hall

Recitalist Name_____

Rehearsal Request Date	Time	Confirmation (signature) *(AMCAdministrativeAssistant/Student Office Assistant)*

Final Week
Dress Rehearsal(s) Date(s):_____ Time(s):_____

***Due to the demand of space in KRH, requests can only be 72 hours in advance of reservation.**

(8-16-07)