MUSIC DEPARTMENT STUDENT RECITALS
Reservation/Contract for Site, Day and Time

Name (last) __________________________ (first) ____________________________
Phone # ________________________ Email _______________________________
Address_________________________________________________________________

Date of Recital: ______________ Day: ___Fri, ___Sat, ___Sun, ___________ Other
Location: □ KRH  □ AMC 113  □ Other Campus Site  □ Off-Campus: __________
Start Time of Recital ___________  End Time of Recital ___________
Reservation Start Time ___________  Reservation End Time ___________
(include set up and take down time)

Special Requests:
□ Change in room (stage) set up
□ Use of Concert Grand piano(s) in KRH: □ Steinway  □ Baldwin
□ Use of stage custom lighting in KRH
□ Use of the Tap cart (must reserve date with the AMC Administrative Assistant, Ext. 2413)
  The person or group using the Tap cart is responsible for setting up and taking down and returning it to Room 105 immediately following the event.
  X DVD  (automatically recorded)
□

Other Requests or Comments:

The student must complete and return this form with the APPLICATION FOR STUDENT RECITAL AND RECITAL HEARING form to the AMC Administrative Assistant within Seven (7) Days upon receipt.

(Rev 12-6-13)