School of Music – Student Recital Information

Recital Date_________________

Student Giving Recital_____________________

Phone # ________________________________

I. Title of Composition _____________________________ Composer’s Name______________________________

Dates (the lifespan of the composer)___________- __________

Timing _______________________ (how long is the piece of music?)

Movements & Titles (if any)________________________ , ___________________________,

______________________ , _______________________ , ___________________________

II. Title of Composition _____________________________ Composer’s Name______________________________

Dates (the lifespan of the composer)___________- __________

Timing _______________________ (how long is the piece of music?)

Movements & Titles (if any)________________________ , ___________________________,

______________________ , _______________________ , ___________________________

Performer’s Name and Instrument ________________________________________________________

Accompanist ________________________________________________________________

Applied Instructor’s Signature ______________________________________________________

STAGE REQUIREMENTS: (check or number as appropriate)

Piano: _____    Music Stand:_______    Performer’s Chair:_______    Page Turner’s Chair:_______

Piano Lid:   Long Stck ___   Short Stck ___   Brick ___   Closed ___

Piano Music Rack: Up ____    Down _____    Off____

Other: __________________________________________

Please indicate the correct stage set up:

X = chair
- = stand
P = piano

Stage

Audience