

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 Stick ____ Short Stick ____ Brick ____ Closed ____

Piano Music Rack: Up ____ Down ____ Off ____

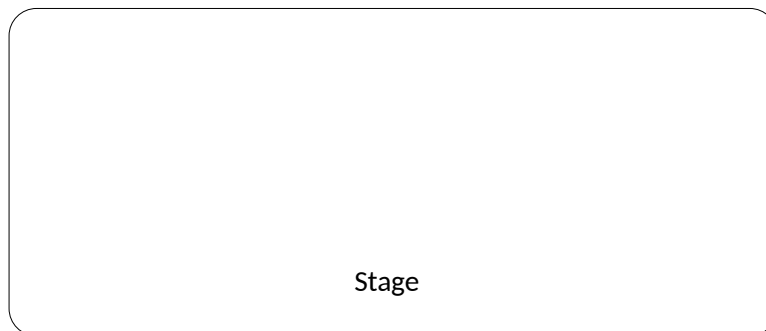
Other: _____

Please indicate the correct stage set up:

X = chair

- = stand

P = piano



Audience