

## TUESDAY 3:00<sup>PM</sup> STUDENT RECITAL

Complete, **have your teacher sign**, deliver form to Emily Sweezy in the Music Office to reserve a recital slot.

Recital Date(s) Requested: \_\_\_\_\_ **Recital Date Assigned:** \_\_\_\_\_

*Please print / type information exactly as it is to appear on the printed program.*

\_\_\_\_\_  
Name of Performer(s) and their instrument/voice part

\_\_\_\_\_  
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Title / Movements \_\_\_\_\_

Arranger / Composer \_\_\_\_\_ Composer Life Dates \_\_\_\_\_

Accompanist \_\_\_\_\_ **{Coaching approval: \_\_\_\_\_}**  
*Obtained 2 weeks prior to recital.*

**Performance Time:** \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds ***Please be precise!***

**Signature of Private Teacher** \_\_\_\_\_

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