



RECORDING/STREAMING AGREEMENT

Complete and submit to Music Office **one month prior** to your recital date.

Recording Date: _____ Location: _____ Daniel Recital Hall _____ Chapel Sanctuary

Start Time: _____ Estimated End Time: _____

Name of Soloist/Ensemble: _____

Name of Person Making Request: _____

What instrument(s)? _____

E-Mail: _____ Cell / Office Phone #: _____

GUIDELINES

- **This contract must be submitted at least one month prior to the event.** Earlier is better.
- **Students:** your payment must accompany the Contract, or you will not be recorded/streamed. Your one payment to "Furman University" includes the engineer's fee and access to the recording on cloud.
*****Contracts not received at least two weeks prior to the event are subject to an additional \$30 charge!*****
- **The majority of our recitals use (default) Option 1.** Junior Recitals must select Option 1.
- Chapel performers select default Option 1 (\$40), which includes pulpit and handheld mics if needed.
- **Expanded Option 2 (DRH only) is available to faculty, ensembles or seniors using multiple instruments. You and the hall must be available for a one-hour sound check immediately prior to your performance. Two approval signatures required. The sound check time must be scheduled via the chairman's office.*
- **Contact your recording tech the week prior to your recital to be sure they have you on their radar.**
Your teacher will receive an email with your recording tech's name.

RECORDING OPTIONS *Select Option 1 (default) or Option 2 (expanded)*

1. _____ **RECORDING OPTION 1 (DRH \$20 and CHAPEL \$40)** Stereo overhead mics. *One Engineer*

PRIVATE INSTRUCTOR'S SIGNATURE _____ **DATE** _____

2. _____ ***RECORDING OPTION 2 (DRH only) \$40** Multiple on-stage mics, sound check hour, Multiple Engineers

PRIVATE INSTRUCTOR'S SIGNATURE _____ **DATE** _____
(I approve this student for a sound check one hour prior to the recital.)

CHAIRMAN'S OFFICE SIGNATURE _____ **DATE** _____
(Verifies the extra hour is available, approved and scheduled)

OFFICE USE:

Date Paid: _____ Amount Paid \$ _____ Paid by: *Cash* *Check*

Office Signature: _____ *Make copy of this form for student.*

Initial & date: _____

Checks are paid to "Furman University" in Music Office D-103. **Keep Copy as Your Receipt.**