**Recital Hearing Form**

Student Name(s)

Date of Recital Time

Hearing Approved ☐ YES ☐ NO \_\_\_\_\_\_\_\_\_\_

Recital Committee Chair initials

Program Approved ☐ YES ☐ NO \_\_\_\_\_\_\_\_\_\_

Recital Committee Chair initials

Stage manager

Student to be selected by performer

Recital Committee Chair signature

Keyboard Instruments (circle one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Steinway** | **Kawai** | **Harpsichord** | **Organ** | **Other** |

Is multimedia equipment required? YES NO

If yes, please provide details of any electronics, antiphonal performers, performer movement, etc.

Is sound reinforcement needed? YES NO

If yes, please details what sources need amplification, monitors needed, etc.

**Please return this form to Jennifer Walcutt immediately following the recital hearing. If you do not return this form you will not give your recital.**

**Please notify Dr. Christine Beard & Jennifer Walcutt**

**if you do not pass your hearing.**