Recital Hearing Form

STUDENT NAME: ____________________________________________________________

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): ____________________________

RE bâtAL COMMITTEE CHAIR SIGNATURE: _______________________________________

KEYBOARD INSTRUMENTS:
□ 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 provide details of what sources need amplification, monitors needed, etc.:
________________________________________________________
________________________________________________________
________________________________________________________

RETURN THIS COMPLETED FORM TO RECITAL COORDINATOR IMMEDIATELY FOLLOWING THE RECITAL HEARING

IF YOU DO NOT RETURN THIS FORM, YOU CANNOT GIVE YOUR RECITAL