TUESDAY 2:30 PM STUDENT RECITAL

Complete, have your teacher sign, then return to Emily Sweezey 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: __________________}

Performance Time: _____Minutes _____Seconds Please be precise!

Signature of Private Teacher __________________________________

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