

## Monday Night Recital Sign-Up Form

This form must be completed and submitted to the Music Office (room 318) by 12:00 PM on the Friday ten days prior to the recital date.

PLEASE PRINT OR TYPE

### RECITAL DATE AND LOCATION

Monday, \_\_\_\_\_ 20\_\_\_\_ Björling Recital Hall 7:30 PM  
*Day Month Date Year Location Time*

### PERFORMANCE INFORMATION (Required)

Please be sure that all information listed in this category is correct and accurate (spellings, accent marks, dates, etc.).

Title: \_\_\_\_\_ Year of Composition: \_\_\_\_\_  
Movements: \_\_\_\_\_ Performance Time: \_\_\_\_\_  
WHERE APPLICABLE \_\_\_\_\_  
\_\_\_\_\_

Composer: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Year of Death: \_\_\_\_\_

Performer: \_\_\_\_\_ Instrument/Voice: \_\_\_\_\_

*If a chamber ensemble is performing, please attach a separate piece of paper with information regarding performers and instruments.*

### ACCOMPANIST / ASSISTANT INFORMATION (Optional)

Accompanist: \_\_\_\_\_ Accompanying Instrument: \_\_\_\_\_

*If piano accompaniment is needed, please indicate which Björling Recital Hall piano you and your accompanist would prefer to use:*

- 7-FT STEINWAY  
 9-FT STEINWAY  
 EITHER

### INSTRUCTOR APPROVAL (Required)

Instructor: \_\_\_\_\_ Office Ext.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ @gac.edu  
*Signature*

### CONTACT INFORMATION (Required)

Your Name: \_\_\_\_\_ Campus Ext.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ @gac.edu

Please submit completed forms to the Music Office for processing.