Junior/Senior Recital Request - Form 2

| _ | | | ion when booked. Please submit this una.edu) & Music (music@una.edu) |
|---|--|-------------------------------|---|
| | | leted before the Senior Recit | |
| Student Name (print): | | UNA E- <u>mail:</u> | |
| Recital Date: | Time: | Location: | |
| Degree Completing: | | | |
| FACILITY REQUEST: | | | |
| Hearing | | | |
| Date: | | Time: | |
| Music Building Recital Hall | 209 Music Bu | ilding Choral Room 146 | |
| Other Location (Please spec | ify) : | | |
| Duese Debeeveel | | | |
| Dress Rehearsal | | | |
| Date: | | Time: | |
| Music Building Recital Hall | 209 Music Bu | ilding Choral Room 146 | |
| Other Location (Please spec | :ify): | | |
| The student is responsible for pa Music administrative assistant <u>be</u> of a check or money order made \$300.00. Cash will not be accepte | efore the recital hearing out to the pianist for the | takes place. No exceptions | ! This must be paid in the form |
| I understand my responsibilities | for the collaborative pian | ist honorarium. | (initial here) |
| Your signatures confirm that you a | e agreeing to be present a | t the recital hearing. | |
| Student: | Co | llaborative Pianist: | |
| Committee Members: | | | |
| | | | |

** Program information is due 72 hours after scheduled hearing date; otherwise, the recital will be canceled**