

Recital Recording Request Form

Recital Location: _____

Event Date: _____ Event Time: _____

Name of Recitalist: _____

Instrument/Voice: _____

Email: _____

Phone Number: _____

Recital Classification (check type and solo OR joint):

<input type="checkbox"/> Sophomore	<input type="checkbox"/> solo	<input type="checkbox"/> joint	<input type="checkbox"/> Master's of Music	<input type="checkbox"/> solo	<input type="checkbox"/> joint
<input type="checkbox"/> Junior	<input type="checkbox"/> solo	<input type="checkbox"/> joint	<input type="checkbox"/> Non-degree	<input type="checkbox"/> solo	<input type="checkbox"/> joint
<input type="checkbox"/> Senior	<input type="checkbox"/> solo	<input type="checkbox"/> joint	<input type="checkbox"/> Other	<input type="checkbox"/> solo	<input type="checkbox"/> joint

Additional performers (include name and instrument/voice):

1. _____

2. _____

3. _____

4. _____

(If needed, please include an extra sheet with additional listings)

Music to be recorded: _____

Please be sure to email a copy of the program information to:
iurecordingstudio@gmail.com

Special instructions/requests: _____

Number of additional CDs requested (\$5 each): _____

Recitalist Signature: _____ Date: _____

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

Recording Fee: \$60 + Additional CDs (\$5 each) = \$ _____ total

50% Deposit (\$30) Receive Date: _____

Balance Due: \$ _____ Date Balance Received: _____