

**Eastern Illinois University
College of Arts & Humanities
Department of Music**

Recital Recording Request Form

Recital Location: _____

Event Date and Time: Date: _____ Time: _____

Name of Recitalist: _____

Instrument/Voice: _____

Email: _____

Phone Number: _____

Recital Classification (check one)

Junior Solo Joint non-degree

Senior Solo Joint

Master's of Music Other

Additional performers, 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
eiurecordingstudio@gmail.com**

Special Instructions/requests: _____

Number of additional CD's requested (\$5 each): _____

Recitalist Signature _____

Today's Date _____

Faculty Signature _____

(Do Not Write Below This Line – For Office Use Only)

Recording Fee \$60.00 + Additional CD's(\$5)= \$_____ total

50% Deposit (\$30.00) Received: _____

Total Due: \$_____ Date Balance Received: _____

Mark Rubel _____ Date: _____