

Recital Recording Request Form

Recital Location: _____

Event Date: _____ Event Time: _____

Name of Recitalist: _____

Instrument/Voice: _____

Phone Number: _____ Email: _____

Street: _____ City: _____ State: _____ Zip: _____
(Mailing address needed in the event that CDs need to be delivered to you outside of the academic year.)

Recital Classification (indicate with an "X" both a type and whether it will be solo OR joint):

_____ Sophomore	_____ solo	_____ joint	_____ Master's of Music	_____ solo	_____ joint
_____ Junior	_____ solo	_____ joint	_____ Non-degree	_____ solo	_____ joint
_____ Senior	_____ solo	_____ joint	_____ Other	_____ solo	_____ joint

Additional performers (include name and instrument/voice):

1. _____
2. _____
3. _____

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

IMPORTANT: Please be sure to email a copy of the program information to mbrubel@eiu.edu.

Please list below any special requirements including PA system, video or audio playback needs. We may not be able to fulfill last-minute equipment requests! Be sure to arrive no less than 45 minutes before your recital time to allow for system testing. Please feel free to contact us with any questions, and thank you.

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

By signing below, I am agreeing to the policies and procedures stated in the "Recital Recording Policies and Procedures Form."

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: _____