



Wednesday Recital Class Performance Request

(PLEASE TYPE INFORMATION INTO DOCUMENT)

By submitting this completed document, you are confirming the following:

- (1) Your applied teacher fully supports and agrees with your performing in Recital Class on the date indicated.
- (2) As applicable, other performers and your accompanist agree to perform.

Deadline for receiving requests: 4:00PM on the Friday before the recital date requested.

Send an eCopy of this completed form to: Cindy Spell: cspell@fgcu.edu

Name: _____ Email: _____

Performance date requested: _____ Cell phone: _____

Instrument or voice type: _____ Accompanist Name: _____

Applied Teacher's Name: _____

Other performers (include instrument or voice type):

Name: _____ Instrument or voice type: _____

Name: _____ Instrument or voice type: _____

Name: _____ Instrument or voice type: _____

Name: _____ Instrument or voice type: _____

Name: _____ Instrument or voice type: _____

Do you need a music stand? YES NO If yes, How many? _____

Do you need a chair? YES NO If yes, how many? _____

Will there be a page-turner? YES NO

Piano lid (if applicable, check one) Closed Short stick Full Stick

Program Information:

Title of Work: _____

Movement(s) if applicable: _____

Composer (full name): _____

Composer Dates (birth and death years): _____

Exact duration of performance: _____