INFUZION

RECITAL REGISTRATION

Please complete and submit this application at the front desk no later than **one month** before the recital date. Only complete applications will be accepted.

Student's Name: _____ Instructor: _____

Instrument: _____ Accompaniment? ☐ Yes (see below)

Email: _____ Phone: _____

Please list the title(s), composer(s), and performance length(s) of the piece(s) the student will be performing. Each student is allowed **up to 2 minutes total performance time**. Instructors can assist in timing each performance.

Title #1: _____

Composer #1: _____ Duration (min:sec): ____:____

Title #2: _____

Composer #2: _____ Duration (min:sec): ____:____

Title #3: _____

Composer #3: _____ Duration (min:sec): ____:____

If there is more than one recital date/time, please indicate your preference below. Please note if there is any recital time absolutely needed or to be avoided. These will be taken into account, where possible. Let us know if anything is needed for the performance (i.e., more time, accompanist, CD player, amplifier, etc.)? If an accompanist is requested, music must be submitted to the front desk when this form is submitted.

_____

_____

_____

_____

_____

Students will be notified of their performance time three weeks before the recital. No changes can be made to the schedule two weeks prior to the recital.

By signing below, you agree that the above information is correct, and you understand that the student is making a commitment to prepare and perform the above selections.

_____ _____

Adult Student or Parent Signature Instructor Signature

OFFICE USE ONLY BELOW THIS LINE

Date & Time Received: _____ Received By: _____ ☐ Processed

201111011715