



Recital Hall Reservation Request

Please complete and return to Kortnee Kalberer. In order to be processed this form must include the signature of the student's applied professor and accompanist/director of accompanying.

First and Last Name: _____

Phone Number: (____) _____ E-mail Address: _____

Name of Event: _____

Type of Event: Student Faculty Guest Artist

Preferred Rehearsal Date and Time: 1. _____

2. _____

Preferred Recital Date and Time: 1. _____

2. _____

Arrangements:

Piano: Full Stick Half Stick Closed

Curtain: Open Halfway Closed

Livestream: Yes No

Chairs (no.): _____ Stands (no.): _____

Electronic Equipment: You are responsible for making your own arrangements with the appropriate person(s) for electronic equipment use.

PA System (Lidiana Keill, Irochakeillvend1@uca.edu):

Projector/Screen/AppleTV (Steven Flores, sflores2@uca.edu):

I agree to affirmatively waive my privacy rights in the recording of this performance under the Family Education Rights and Privacy Act. I also agree to pay my accompanist the standardized fee of one hundred and fifty dollars (\$150), and acknowledge that failure to do so within two weeks of my event will result in cancelation of my event.

Signature

Date

Approval Signatures

Applied Professor: _____

Accompanist: _____

If your accompanist is a student, please have Dr. Murakami sign as the accompanist.

Received date, office use only: