



**Recital Hall Reservation Request Form**

Please complete and return to the Music Office. In order to be processed, this form must include the signature of the student's applied professor and accompanist/director of accompaniment.

First and Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Type of Event (mark with 'X'): Student \_\_\_\_\_ Faculty \_\_\_\_\_ Guest Artist \_\_\_\_\_

<b>Preferred Dress Rehearsal Date/Time:</b>	1. _____
*(Weekdays after 9pm)	
*(Weekends before 1pm and after 9pm)	2. _____
*Other times must be approved by Dept. Chair*	

<b>Preferred Recital Date/Time</b>	1. _____
*(Approved Recital Times are 1pm, 3pm, 5pm and 7:30pm)	
	2. _____

Arrangements:

Piano: \_\_\_\_\_ Full Stick: \_\_\_\_\_ Half Stick: \_\_\_\_\_ Closed: \_\_\_\_\_

Curtain: Open: \_\_\_\_\_ Halfway: \_\_\_\_\_ Closed: \_\_\_\_\_

Livestream: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Chairs (#): \_\_\_\_\_ Stands (#): \_\_\_\_\_

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

PA System (Recording Studio, [musicrecording@uca.edu](mailto:musicrecording@uca.edu))

Projector/Screen/AppleTV (Main Office, [musicstudent@uca.edu](mailto:musicstudent@uca.edu)/[musicadmin@uca.edu](mailto:musicadmin@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 the cancelation of my event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approval Signatures**

Applied Professor: \_\_\_\_\_

Received Date:  
(Office Use Only)

Accompanist: \_\_\_\_\_

\_\_\_\_\_