



**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 collaborative pianist/coordinator of collaborative piano*

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

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

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

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

**Location of Event:** SFA: \_\_\_\_\_ Windgate Recital Hall: \_\_\_\_\_ Windgate Performance Hall: \_\_\_\_\_ (Chair Approval Required)

**Preferred Dress Rehearsal Date/Time:**

\*During Business Hours (8:00am-4:30pm) Monday-Friday  
\*Other times must be approved by Department Chair

1. \_\_\_\_\_  
2. \_\_\_\_\_

**Preferred Recital Date/Time:**

\*Approved Recital times are 1pm, 3pm, 5pm, and 7:30pm

1. \_\_\_\_\_  
2. \_\_\_\_\_

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/Apple TV (Music Office - [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 (\$150.00), 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)

**Collaborative Pianist:** \_\_\_\_\_

\_\_\_\_\_