



Recital Hall Reservation Request Form

To be processed, this form must include the signatures of the student's applied professor and the collaborative pianist / coordinator of collaborative piano.

STUDENT & EVENT INFORMATION

First and Last Name: _____

Phone Number: _____ Email Address: _____

Name of Event: _____

Type of Event: ☐ Student ☐ Faculty ☐ Guest Artist

Location of Event: ☐ SFA Recital Hall ☐ Windgate Choral Recital Hall ☐ Windgate Concert Hall
Windgate halls require Chair approval.

SCHEDULING

Preferred Dress Rehearsal

*Business hours (8:00 a.m.–4:30 p.m.), Monday–Friday.
Other times must be approved by the Department Chair.*

1st choice — date / time: _____

2nd choice — date / time: _____

Preferred Recital Date & Time

Approved recital times are 1:00, 3:00, 5:00, and 7:30 p.m.

1st choice — date / time: _____

2nd choice — date / time: _____

STAGE SETUP

Piano: ☐ Full Stick ☐ Half Stick ☐ Closed

Curtain: ☐ Open ☐ Halfway ☐ Closed

Livestream: ☐ Yes ☐ No

Chairs (#): _____ Stands (#): _____

Electronic Equipment _____

You are responsible for arranging electronic equipment use with the appropriate person.

PA System · Recording Studio · musicrecording@uca.edu

Projector / Screen / Apple TV · Music Office · musicadmin@uca.edu

AGREEMENT

I affirmatively waive my privacy rights in the recording of this performance under the Family Educational Rights and Privacy Act. I also agree to pay my accompanist the standardized fee of one hundred fifty dollars (\$150.00), and acknowledge that failure to do so within two weeks of my event will cancel my event.

Signature: _____ Date: _____

APPROVAL SIGNATURES

Applied Professor Name (Printed) and Signature: _____

Collaborative Pianist Name and Signature: _____