

# Departmental Recital Request Form

Spring 2024 Dates: February 1 – March 7 – March 28 - May 2

Name:

Date Submitted:

Instrument or Voice Part:

Dates Requested:

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

1.) Repertoire to be performed:

Composer:

Composer's Birth & Death dates:

Length of performance:

2.) Repertoire to be performed:

Composer:

Composer's Birth & Death dates:

Length of performance:

**VOCALISTS: You must provide a translation for any non-English language piece you perform. Email your translation (or a link to a google doc) to [laura.dickson@acu.edu](mailto:laura.dickson@acu.edu). Your request to perform will not be considered complete until you have submitted a translation.**

You may perform an entire recital group (a set of songs or multiple movements of work) if there is sufficient time available on the program. However, you may be held to a ten minute maximum if there is not. You must time each composition separately.

Private Instruction Teacher's Signature

Accompanist's Signature

Please place this form in Laura's box in the music office no later than 4:00 p.m. on Monday prior to the Departmental Recital date on which you wish to perform.

Forms will not be accepted without time, accompanist's and teacher's signatures.

Date/Time Received: