

LAMAR UNIVERSITY
 Mary Morgan Moore Department of Music
 Recital Request Contract

This form **must be filled out electronically** and submitted to the Music Office

To be completed by recitalist	Name of Recitalist	Recitalist's Instrument / Voice Type / Ensemble
	Recitalist's LU E-mail Address	Recitalist's Phone Number
	Primary Applied Instructor	
	Student's Degree	Accompanist's Name (if applicable)
	Recital Date: _____ mm/dd/yyyy	Recital Type: <input type="checkbox"/> Junior Perf (MUSP) - 30 min. <input type="checkbox"/> Senior Ed (MUSE) - 30 min. <input type="checkbox"/> Senior Perf (MUSP) - 60 min. <input type="checkbox"/> Senior Comp (MUSP) - 60 min. <input type="checkbox"/> Master Perf (MM) - 60 min. <input type="checkbox"/> Master Ed (MM) - 60 min. <input type="checkbox"/> Faculty Recital - 60 min. <input type="checkbox"/> Guest Artist - 60 min. <input type="checkbox"/> Joint Degree Recital - 60 min. <input type="checkbox"/> Non-Degree Recital - Duration: _____ <input type="checkbox"/> Other: _____
	Recital Time: <input type="checkbox"/> 5:30 p.m. (M–Th only) <input type="checkbox"/> 7:30 p.m. (M–Th only)	
	Dress Rehearsal: _____ mm/dd/yyyy Time (2-hour block)	
	<input type="checkbox"/> Request for Recording (<i>additional form required—fees apply</i>)	
	<input type="checkbox"/> I agree to the Departmental Handbook Recital Policies	
	Four (4) weeks prior to recital, I will:	
	<input type="checkbox"/> Complete/submit Concert Management Form via LU Music Website	
	Recitalist's Signature	Date (mm/dd/yyyy)

SIGNATURES

Primary Applied Instructor	Date
Accompanist (if applicable)	Date
Department Chair	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	

All signatures are **required before** the recital date/time can be reserved.