

Application for Participation in a Wednesday Recital

Date Received

- a) Complete all relevant sections; Do not use all uppercase lettering.
- b) PLEASE PRINT CLEARLY!
- c) The form should be signed by your instructor after you have completed it.
- d) Submit completed form to Mr. McKinney in the music office by 12:00 pm on the Monday prior to the recital date requested.
- e) * Incomplete or illegible forms will be returned to your instructor.

1. Name of Student Performer(s)

2. Student(s) E-mail Address

3. Performance Date (Required)

4. Duration of Composition (Not to Exceed 6 Minutes)

5. Full Title of Composition Including Opus Number and Movement Title

6. Full Name of Composer and/or Arranger with Birth & Death Dates

Name _____ Birth & Death _____

7. Please Indicate Below What Instrument(s) is/are to be Played or What Voice Part(s) is/are to be sung.

8. Name of Accompanist (If Required)

9. Signature of Studio Instructor

_____ Date Signed _____

10. Studio Instructor's E-mail Address

* Studio Instructors will be e-mailed to confirm the date on which the student will be participating in the Wednesday Recital Series.

✻ The Order of the Program Will be Posted on the Day of the Concert ✻

Questions? Contact Mr. McKinney - mckinney@tcnj.edu