PERFORMANCE FORM

Students who turn in late, incomplete or incorrect forms will NOT be allowed to perform. In addition, only approved material and attire will be allowed.

Consult your syllabus for details.

Form is due by 3:00 PM on the Monday prior to Wednesday's performance.

Supply ALL requested information

Performer's Name:		Instrument:					
Performer's Contact	Information	: (e-mail)					
		(phone)					
Performance Date: _							
Title of composition:							
Movement(s):							
				the name of the	entire work	c and	
	the nan	nes of the mo	vements you in	tend to perform)			
Composer(s):				(d.o.b	d.o.d-)	
				(d.o.b	d.o.d-)	
Arranger(s):				(d.o.b	d.o.d-)	
				(d.o.b	d.o.d-)	
Equipment needed:	Piano	_ Music stan	d (how many?)	Chair (ho	Chair (how many?)		
	Other						
Name of Accompanis	st:						
Name of Accompanist: Accompanist's Signature:							
Applied Teacher's Signature:							
Applied Teacher's Co							