

MCLENNAN COMMUNITY COLLEGE
DEPARTMENT OF MUSIC

EXIT RECITAL DATE SELECTION FORM

This form is to be submitted to the Music Department Coordinator after agreeing with both your studio teacher and fellow performers on possible dates/times for the recital. Most recital dates are assigned during the spring prior to the semester in which the recital will take place.

NAME OF PERFORMER(S) _____ PHONE _____

E-MAIL ADDRESS _____ INST/VOICE _____

TYPE OF RECITAL (See Music Policies and Procedures Handbook for recital guidelines):
FULL RECITAL _____ HALF RECITAL _____ JOINT RECITAL _____

VENUE REQUESTED:
BALL PAC THEATRE ____ MTA THEATRE ____

DATES/TIMES ON WHICH RECITAL COULD BE HELD:

1. FIRST CHOICE: DATE _____ TIME _____
2. SECOND CHOICE: DATE _____ TIME _____
3. THIRD CHOICE: DATE _____ TIME _____

REQUIRED SIGNATURES:

1. ACCOMPANISTS AND OTHER PERFORMERS _____ DATE _____
_____ DATE _____
_____ DATE _____
2. STUDIO TEACHER(S) _____ DATE _____
_____ DATE _____

***** FACILITIES COORDINATOR USE ONLY *****

DATE SELECTED _____ ROOM SCHEDULED _____
MUSIC COORDINATOR _____ DATE _____