

RECITAL REQUEST FORM



Complete with all signatures and return to the Music Office
digitally at music@coloradocollege.edu or in person to Packard 116

ONE WEEK before your recital preview date (with draft program) and **TWO WEEKS** before your recital date (with final program).

Name (as it should appear on the program): _____ Phone: _____

Instrument (if voice, soprano/mezzo-soprano/alto/tenor/baritone/bass): _____

Recital Date/Time: _____ Music Office Signature confirming date/time: _____

Accompanist: _____ Accompanist Signature: _____

You must have performed in 2 Music at Midday concerts sometime during the 2 semesters prior to the recital.
Provide the dates of your Midday performances: 1. _____ 2. _____

Recital Preview Date/Time: _____

Recital Preview Committee Members:

1. Susan Grace (for vocalists) or Daniel Brink (for instrumentalists)
2. One Academic Faculty Member: _____
3. One Faculty Member (not your teacher): _____

Your preview audition will be 10-15 minutes and should include repertoire from the recital. (Generally, singers must perform 2 pieces of their own choosing in addition to 2 more pieces selected by the committee.) Your instructor can attend, but is not required to.

Select one:

- I am submitting this form for a **recital preview** and my program information is a proposed draft
- I am submitting this form with my **finalized recital program** information and the program information below or in a separate Word document or PDF has been proofread and is in final program order

Title (and Key, if applicable) or Show title	Movement(s) or Song title(s)	Composer's full name and dates and Lyricist/Poet name/ dates, if applicable	Piece length and name/ instrument or voice designation of other performers, if applicable

