

**BLOOMSBURG UNIVERSITY
MUSIC DEPARTMENT**

RECITAL HOUR APPLICATION

In order to be considered for performance in the Wednesday, Noon, Departmental Recital Hour, the form must be completed. Incomplete items will necessitate the rejection of the request to play on the recital hour. Information must be provided in all of the blanks.

Once the form is completed, please turn the form into the **Department Office**. The time of receipt will be noted on the form. Space on Wednesday recitals is available on a first-come, first-scheduled basis. Each recital will be about 40-45 minutes in length. Forms should be submitted one week prior to recital. **IMPORTANT: Email your information to lfisher@bloomu.edu**

Departmental Recital Date Requested (Check One)

_____ September 25, 2013

_____ October 30, 2013

_____ November 13, 2013

_____ December 4, 2013 (Limited time for recital)

Performer's Name *(As it is to be printed in the recital program)* _____

**Please also email all information to lfisher@bloomu.edu for the program.
Make sure you have all the information, please.**

Instrument or Voice Classification _____

Contact Information Email _____ Phone _____

Composition Title _____

Movement Title (If Applicable) _____

Composer _____ Composer Dates _____
(Forms without composer dates will be rejected.)

Accompanist's Name _____

Timing of Piece (Approximate) _____