

Student Recital REHEARSAL/RECEPTION Reservation Form

Student Name _____

Today's Date _____

Instrument _____

Student e-mail (confirmation will be sent via e-mail) _____

Recital Date/Time _____

Recital Hall (Rosch or Diers) _____

Recital Type (ie. Graduation, etc.) _____

Rehearsal/reception times may be requested four weeks prior to the event or immediately following a successful Final Hearing, whichever comes first.

Instructor's signature _____

Date _____

Rehearsal Time Request (see posted policies for allowable number of hours):

First Choice(s)

Second Choice(s)

_____	_____	to	_____
<i>date</i>	<i>start time</i>		<i>end time</i>
_____	_____	to	_____
<i>date</i>	<i>start time</i>		<i>end time</i>
_____	_____	to	_____
<i>date</i>	<i>start time</i>		<i>end time</i>

_____	_____	to	_____
<i>date</i>	<i>start time</i>		<i>end time</i>
_____	_____	to	_____
<i>date</i>	<i>start time</i>		<i>end time</i>
_____	_____	to	_____
<i>date</i>	<i>start time</i>		<i>end time</i>

Reception Time Request - Mason 2140 "Faculty Lounge" only (see posted policies):

_____	_____	to	_____
<i>date</i>	<i>start time</i>		<i>end time</i>

Entered _____ by _____

