

Edinboro University of Pennsylvania
Department of Music
Revised January, 2003.

STUDENT RECITAL SIGN-UP FORM

FIRST CHOICE RECITAL DATE: _____ SECOND CHOICE RECITAL DATE: _____ Date received by office: _____ Your email contact address for the office: _____

Name of **performer** _____

Name of **instrument** or **voice type** _____

Name of **accompanist** (if applicable) _____

(make sure accompanist is available on both dates!)

Name of **composer** _____

(First and last names, check spelling!)

How **LONG** is your piece or song(s) ? _____ (Round up to the nearest minute)

Birth and death dates of composer _____

(If still living, write *b.* 1960, for example. If you leave this blank, it will be handed back to you. Do your research.)

Instrumentalists: FILL OUT THE FOLLOWING

Name of composition _____

Movement and **tempo marking** if applicable _____

Opus number if provided _____

(If this is from a larger piece, such as a sonata, please provide that name as well here:)

Singers: FILL OUT THE FOLLOWING

Name of **song** or **aria**: _____

(Please give both the original language and the English translation. **Turn your translation into the secretary.**)

If this is from a song cycle or an opera, please provide the name here in the original language and the English name: _____

Applied teacher's signature to perform on recital: _____