

MICHIGAN STATE UNIVERSITY | COLLEGE OF MUSIC

Ensemble & Studio Recital Contract

CONTACT NAME: PID:

CONTACT PHONE: INSTRUMENT:

CONTACT E-MAIL: @ MSU.EDU

FACULTY NAME:

RECITAL HOLD ON SCHEDULING CALENDAR: Yes No CHECK ONE BOX: Studio Recital Ensemble Performance

CONFIRMED EVENT DATE: DAY OF WEEK:

SET-UP START TIME: TEAR-DOWN END TIME:

PERFORMANCE START TIME:

PERFORMANCE END TIME:

CONFIRMED PERF. VENUE: Cook Recital Hall Hollander Hall (120) Murray Hall (available 2/20) Fairchild Theatre

OTHER VENUE LOCATION:

STUDIO CLASS NAME:

OR

ENSEMBLE GROUP NAME:

DO YOU WANT THIS EVENT RECORDED BY MSU RECORDING SERVICES? Audio Video None

By checking these boxes, your recital will be recorded by MSU Recording Services. **You are responsible for all fees.** For questions, contact recserv@msu.edu

KEYBOARDS NEEDED: Piano 2 Pianos Harpsichord Organ (Fairchild Only) Announce Microphone

DOES THIS EVENT REQUIRE SOUND REINFORCEMENT OR OTHER MEDIA? Yes No Type:

EQUIPMENT NEEDED: Chairs Quantity: Stands Quantity:

FACULTY SIGNATURE: _____ DATE: _____
By signing, or submitting this electronically, you agree to comply with all the policy requirements.

Check if applicable: Electronic Agreement

EVENT MANAGER: _____ DATE: _____

WEB CHECKOUT UPDATED DATE:

WEB SCHEDULER UPDATED DATE:

SCHEDULER UPDATED INITIALS:

EVENTS CALENDAR DATE:

SCANNED DATE:

SCANNED STAFF INITIALS: