

MICHIGAN STATE UNIVERSITY | COLLEGE OF MUSIC

Faculty & Guest Cancellation Contract

FACULTY MEMBER NAME:

This person is responsible as the contact for this contract.

FACULTY E-MAIL:

MAIN PERFORMER: **INSTRUMENT:**

PERFORMANCE VENUE: Cook Recital Hall Fairchild Theatre Other (describe below)

OTHER VENUE LOCATION:

RECITAL EVENT DATE:

CHECK ONE BOX: Monday 7:30pm Tuesday 7:30pm Wednesday 7:30pm Thursday 7:30pm
 Friday 8:00pm Saturday 3:00pm Saturday 8:00pm Sunday 3:00pm Sunday 7:00pm

REASON FOR CANCELLATION:

In accordance with the College of Music Recital Policy, I, the undersigned am requesting to cancel my recital.

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

DATE: _____

Check if applicable: Electronic Agreement

DEAN SIGNATURE: _____

DATE: _____

SCHEDULER UPDATED DATE: SCHEDULER UPDATED INITIALS: PROGRAM TEMPLATE DATE: PROGRAM TEMPLATE INITIALS: EVENTS CALENDAR DATE: SCANNED DATE: SCANNED STAFF INITIALS: