

# Hayes School of Music

APPALACHIAN STATE UNIVERSITY®

Office Use Only
Date Received _____
Ref Code _____

## Student Recital Request Form

Please read the HSOM Student Recital Instructions as listed on the Hayes School of Music website before completing this form. This completed form must be received by Mr. Shatley within two weeks of making your reservation.

*If you fail to return this form, your requested time may be released.*

***Dress rehearsals will be booked after the recital scheduling window has closed.***

### Performer Information

Name: \_\_\_\_\_

Performer Email: \_\_\_\_\_

Instrument: \_\_\_\_\_

Degree Program(s): \_\_\_\_\_

Instructor: \_\_\_\_\_

Instructor Email: \_\_\_\_\_

### Recital Information

Requested Date: \_\_\_\_\_ Time: \_\_\_\_\_

Venue  Schaffel Recital Hall  Rosen Concert Hall

Other: \_\_\_\_\_

Requires written approval from the Dean. Include w/form upon submitting

Required recital?  Yes  No

Recital length:  Full  Half

Requesting extra performance time?  Yes  No

Shared Recital?  Yes\*  No

\*If yes, write name of other performer above.

### Recital Type:

Graduate  Senior  Junior

Performance Certificate  Non-degree or Other

Expected Instrumentation of Program, if different than previously listed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the loading dock or Walker Hall entrance doors need to be unlocked for performers/guests?

Yes  No

### Piano Needs

(Schaffel) 7 foot piano requested

(Rosen) 1- 9 foot piano requested

(Rosen) 2- 9 foot pianos requested

Tuning prior to performance

Other (please explain): \_\_\_\_\_

Collaborative

Pianist(s) \_\_\_\_\_

\*If not known at this time, please provide this information as soon as a pianist is confirmed.

### **Expected Stage Needs:**

Stage Changes (please attach a stage plot plan when submitting this form if possible)

Music Stands  Yes  No # Needed \_\_\_\_\_

Chairs  Yes  No # Needed \_\_\_\_\_

Podium  Yes  No

Dressing Rooms  (1) Large  Small #1  Small #2

I will need assistance figuring out what I need:  Yes  No

Staging Room  119  Needed for setup + recital times\*  Needed for recital times only

\*depends upon availability and ensemble rehearsal times

STAGING

AUDIO/VISUAL	<b>Audio/ Visual Needs:</b>	*1 speaking microphone is provided to be audible for livestreams and video recordings.			
	Sound System	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Number of additional mics needed:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 4+ (you will be contacted for details)
	Monitor wedges:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	#Needed _____	
	Fixed Media/Audio Playback:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Playback control options:	<input type="checkbox"/> Off Stage	<input type="checkbox"/> On Stage-Concert Staff Laptop	<input type="checkbox"/> On Stage-Performer's Laptop	
	DI for Guitar/Bass/Keys:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	#Needed _____	
	Additional Camera (check all that apply or leave blank if N/A)			<input type="checkbox"/> Close-up	<input type="checkbox"/> Conductor cam
	Projector Screen	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Recital Recording	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Livestream of Recital	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	I will need assistance figuring out what I need:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Please provide other information here **or** attach a tech rider when submitting the form: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any additional information that would benefit planning for this event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Possible documents to insert or attach to your email to Mr. Shatley:**

(Reference the *Student Recital Instructions* document for assistance with inserting pages in Adobe.)

*Approval for Venue outside of the HSoM Performance Halls.*

*Stage Plot and/or Tech Rider*

*Recital Program\**

*\* Please add program information on the pages below. It does not need to be 100% finalized before sending. A drafted program will be created and sent to you 2 weeks prior to the performance for you to proofread with your Applied Faculty Instructor. Edits to the program can be requested at that time.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Digital signature can be made using Adobe Acrobat, DocHub (dochub.com), or other PDF editor of your choice that supports the "signature" field type.*

**Office Use Only:** route for approval to Applied Faculty listed on form. Also route for acknowledgements to shatleyz, bookersj, masonre, and bitingka.

The information requested on the following pages can be included as an attachment to this document instead of filling out this section separately.

**Additional Program Information:**

Other Performers and  
Instruments: \_\_\_\_\_

Professional Organizations: \_\_\_\_\_

Program

Please indicate if selections are in groups by choosing the matching number in the left column. Thank you!

<input type="checkbox"/> Group 1	<u>Repertoire Selection #1</u>
<input type="checkbox"/> Group 2	Title: _____
<input type="checkbox"/> Group 3	Composer: _____
<input type="checkbox"/> Group 4	Composer's Dates: (list birth year for living composers) _____
<input type="checkbox"/> Group 5	Movement Numbers and Titles: _____
<input type="checkbox"/> Group 6	_____
<input type="checkbox"/> Group 6	Arranger or Transcriber (if applicable) _____
<input type="checkbox"/> Group 1	<u>Repertoire Selection #2</u>
<input type="checkbox"/> Group 2	Title: _____
<input type="checkbox"/> Group 3	Composer: _____
<input type="checkbox"/> Group 4	Composer's Dates: (list birth year for living composers) _____
<input type="checkbox"/> Group 5	Movement Numbers and Titles: _____
<input type="checkbox"/> Group 6	_____
<input type="checkbox"/> Group 6	Arranger or Transcriber (if applicable) _____
<input type="checkbox"/> Group 1	<u>Repertoire Selection #3</u>
<input type="checkbox"/> Group 2	Title: _____
<input type="checkbox"/> Group 3	Composer: _____
<input type="checkbox"/> Group 4	Composer's Dates: (list birth year for living composers) _____
<input type="checkbox"/> Group 5	Movement Numbers and Titles: _____
<input type="checkbox"/> Group 6	_____
<input type="checkbox"/> Group 6	Arranger or Transcriber (if applicable) _____
<input type="checkbox"/> Group 1	<u>Repertoire Selection #4</u>
<input type="checkbox"/> Group 2	Title: _____
<input type="checkbox"/> Group 3	Composer: _____
<input type="checkbox"/> Group 4	Composer's Dates: (list birth year for living composers) _____
<input type="checkbox"/> Group 5	Movement Numbers and Titles: _____
<input type="checkbox"/> Group 6	_____
<input type="checkbox"/> Group 6	Arranger or Transcriber (if applicable) _____
<input type="checkbox"/> Group 1	<u>Repertoire Selection #5</u>
<input type="checkbox"/> Group 2	Title: _____
<input type="checkbox"/> Group 3	Composer: _____
<input type="checkbox"/> Group 4	Composer's Dates: (list birth year for living composers) _____
<input type="checkbox"/> Group 5	Movement Numbers and Titles: _____
<input type="checkbox"/> Group 6	_____
<input type="checkbox"/> Group 6	Arranger or Transcriber (if applicable) _____
<input type="checkbox"/> Group 1	<u>Repertoire Selection #6</u>
<input type="checkbox"/> Group 2	Title: _____
<input type="checkbox"/> Group 3	Composer: _____
<input type="checkbox"/> Group 4	Composer's Dates: (list birth year for living composers) _____
<input type="checkbox"/> Group 5	Movement Numbers and Titles: _____
<input type="checkbox"/> Group 6	_____
<input type="checkbox"/> Group 6	Arranger or Transcriber (if applicable) _____

<input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 5 <input type="checkbox"/> Group 6	<u>Repertoire Selection #7</u> Title: _____ Composer: _____ Composer's Dates: (list birth year for living composers) _____ Movement Numbers and Titles: _____ _____ Arranger or Transcriber (if applicable) _____
<input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 5 <input type="checkbox"/> Group 6	<u>Repertoire Selection #8</u> Title: _____ Composer: _____ Composer's Dates: (list birth year for living composers) _____ Movement Numbers and Titles: _____ _____ Arranger or Transcriber (if applicable) _____
<input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 5 <input type="checkbox"/> Group 6	<u>Repertoire Selection #9</u> Title: _____ Composer: _____ Composer's Dates: (list birth year for living composers) _____ Movement Numbers and Titles: _____ _____ Arranger or Transcriber (if applicable) _____
<input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 5 <input type="checkbox"/> Group 6	<u>Repertoire Selection #10</u> Title: _____ Composer: _____ Composer's Dates: (list birth year for living composers) _____ Movement Numbers and Titles: _____ _____ Arranger or Transcriber (if applicable) _____
<input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 5 <input type="checkbox"/> Group 6	<u>Repertoire Selection #11</u> Title: _____ Composer: _____ Composer's Dates: (list birth year for living composers) _____ Movement Numbers and Titles: _____ _____ Arranger or Transcriber (if applicable) _____
<input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 5 <input type="checkbox"/> Group 6	<u>Repertoire Selection #12</u> Title: _____ Composer: _____ Composer's Dates: (list birth year for living composers) _____ Movement Numbers and Titles: _____ _____ Arranger or Transcriber (if applicable) _____