

# 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 your initial request.

*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:** \_\_\_\_\_

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

## 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) _____