

CMS RECITAL SIGN-UP SHEET

Wednesday-Friday | 6p and 7:30p each date (if necessary)

**Siblings must have separate forms filled out. Attach together if same recital date is requested.
Performers must submit an individual form for each instrument they will be performing on.**

TO BE FILLED OUT BY STUDENT/FAMILY - PLEASE PRINT NEATLY

Student's full name (& age) _____

Parent/Guardian name _____

Instrument _____ Lesson time (day/time) _____

***PRIMARY E-MAIL ADDRESS** (all recital information will be e-mailed)

Please indicate preferred, available recital days and times. Include at least one alternate day/time. **No changes will be allowed after this form is submitted.**

1. _____ 2. _____ 3. _____

TO FILLED OUT BY CMS INSTRUCTOR

Performance level _____

Minutes _____ Composer _____

Title _____

Solo Will be accompanied by teacher

Needs CMS staff accompanist (music must be attached to this form)

Additional works ~ Check this box and include above info on the back of this form

ALL fields must be filled in before recital assignment.

No changes to repertoire will be accepted after this form is submitted.

Faculty name (print) _____

Faculty signature _____ Date _____

Office use only _____