Recital Checklist
for the applied teacher’s records

Student ____________________________  junior/recital / senior recital / elective recital
                                          Half recital / full recital

Student’s phone _____________________  email ______________________________

Hearing Date _______________  Time _______________  Location _______________

Recital Date _______________  Time _______________  Location _______________

Committee members
________________________________________________________________________
________________________________________________________________________

Accompanist ____________________  phone ____________________  email _______________

Recital Date Request Form [form 3] signed by applied teacher, committee, accompanist and
given to Amy Neace on ______________________ (date)

Recital Program
  Submitted Program Proposal to applied teacher _________
  Program Approval _________
  Compile program information and give to applied teacher as an efile _________
  Applied teacher sent program to Amy Neace via email attachment _________
  Program proofread by applied teacher _________
  Program printed _________

Accompanist should have all music at least 6 weeks before the recital date

  Music was given to accompanist(s) __________________ (date)

Dress Rehearsal Date _______________  Time _______________  Place _______________

Reception? ______________________  Reserved Room # _______________________

Note to faculty:  This form is only for your records and can be discarded at your discretion