UNIVERSITY OF TEXAS OF THE PERMIAN BASIN
Recital Information Form

_____SOLO _____SMALL GROUP (2-5 players)
Only one choice per sheet

Student Name _____ Date _____

Instructor's Name _____ Recital Date _____

Student E-mail _____ Student Phone _____

Instrument _____ _____Primary Instrument
_____Secondary Instrument

Repertoire to be performed: (citation must include full, formal name of piece, name(s) of movement(s), keys and opus numbers, etc., where applicable)

Composer: (citation must include full composer's name, birth and death dates)

Name(s) of performers as they should appear on the program: (printed in block letters, using back of page if necessary)

Accompanist:_____

Approximate duration of each movement to be performed:

Request for "sound check" prior to performance? Yes No
Request for order of appearance on program? Yes No _____

Student Signature_____ Instructor Signature _____

Complete, typed text translations of vocal music must be RECEIVED by music@UTPB.EDU