

MCLENNAN COMMUNITY COLLEGE  
DEPARTMENT OF MUSIC

**EXIT RECITAL DATE SELECTION FORM**

This form is to be submitted to the Music Department Coordinator after agreeing with both your studio teacher and fellow performers on possible dates/times for the recital. Most recital dates are assigned during the spring prior to the semester in which the recital will take place.

NAME OF PERFORMER(S) \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ INST/VOICE \_\_\_\_\_

TYPE OF RECITAL (See Music Policies and Procedures Handbook for recital guidelines):  
FULL RECITAL \_\_\_\_\_ HALF RECITAL \_\_\_\_\_ JOINT RECITAL \_\_\_\_\_

VENUE REQUESTED:  
BALL PAC THEATRE \_\_\_\_ MTA THEATRE \_\_\_\_

DATES/TIMES ON WHICH RECITAL COULD BE HELD:

1. FIRST CHOICE: DATE \_\_\_\_\_ TIME \_\_\_\_\_
2. SECOND CHOICE: DATE \_\_\_\_\_ TIME \_\_\_\_\_
3. THIRD CHOICE: DATE \_\_\_\_\_ TIME \_\_\_\_\_

REQUIRED SIGNATURES:

1. ACCOMPANISTS AND OTHER PERFORMERS \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_ DATE \_\_\_\_\_
2. STUDIO TEACHER(S) \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\* FACILITIES COORDINATOR USE ONLY \*\*\*\*\*

DATE SELECTED \_\_\_\_\_ ROOM SCHEDULED \_\_\_\_\_  
MUSIC COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_