

Temple University Music Preparatory Division Student Recital Form

Completed form needs to be returned to the office no later than 1 (ONE) week before the performance date. Please return to Barbara Di Toro, Associate Director.

Please type or clearly print the following information for the program.

Student's Name (as it is to appear in the program): _____

Home phone: (____) _____ Instrument: _____

Student's email address for confirmation: _____

Teacher's Name: _____

Date of the Recital Hour: _____ Length of piece: _____ minutes

Temple Music Prep will provide a staff accompanist for this performance and a **20-minute rehearsal**. Please call the Music Prep office (215) 204-1512 for the name and contact information for the staff accompanist. Rehearsal arrangements should be made directly with the accompanist.

If you choose to use another accompanist, please note that you are responsible for all financial and rehearsal arrangements.

Title should include: ¹genre (concerto, sonata, etude); ²key; ³opus #; and ⁴catalog number (BWV, K.).

Movement should include: ¹number of the movement (1st, 2nd, 3rd, etc.) ²tempo marking (Allegro, Moderato, etc.)

title	genre	key	opus #	catalog number if applicable
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Composer's full name: _____
First Name Last Name

To be completed by private teacher.

I confirm that _____ is sufficiently prepared and has my permission to perform on the Temple Music Prep Recital Hour program to take place on the above mentioned date.

Teacher's signature: _____ **Date:** _____

Once completed: Save this document on your computer. Be sure to include the performer's name in the title of the document. Send as an attachment to the Associate Director or print out a copy and leave in the Music Prep office.