PLEASE READ CAREFULLY, UPDATED and REVISED PACKET!!!!

- **NEW REQUIREMENT:** You must provide proof of payment from Marketplace by providing your receipt to Kelli Irwin **BEFORE** we are able to reserve or book you a recital time (you can bring in a hard copy, forward the confirmation email, or scan and send a copy) **NOTE: THIS PAYMENT IS NON-REFUNDABLE, there are also no Cancellation refunds.** (Charges and fees are covered in the second page of this packet.)

- You must set up a Jury Recital date with your instructor and check on availability of that date with Kelli Irwin. All inquiries regarding date availability need to be sent via email to kli003@shsu.edu. After deciding on a date you must provide Kelli with a completed **Student Recital Request Form.** This form is also required before the recital date will be scheduled.

- After passing the **Jury Recital,** turn in the signed and dated, **approved/passed Student Recital Jury Report** to Kelli/School of Music Office

Only after we have received the **Marketplace recital payment verification, Student Recital Request Form,** and the passed **Student Recital Jury Report** will Kelli be able to reserve you a recital and dress rehearsal. If the dates you have requested on the Recital Form are not available, she will work with you to arrange a new date and time.

The **Program Recital Form** must be turned in or emailed to Patricia Duran in person or at patriciaduran@shsu.edu. And the **Technical Needs Form** and the **Video Record Permission Form** (if applicable) must be turned in directly to Dr. Patrick. His office is located in the PAC, room 158. **IMPORTANT: This must be sent a MINIMUM of 2 weeks or 10 Business Days prior to Recital.**

**IMPORTANT NOTE:** If you do not turn in the required forms to each appropriate contact by the required deadlines, this could result in: no programs, no concert attendance workers, and no recording engineers at your recital! **ALL deadlines must be met, no exceptions!** Additionally, Kelli Irwin and Patricia Duran must be made aware **two weeks in advance of any cancellations for recitals.**

**Standard Scheduling Recital Times:**
These are the standard times for recitals: **11:30am, 1:30pm, 3:30pm, 5:30pm, and 7:30pm**

**NEW!! Localist:**
Once payment has been completed and your recital has been scheduled, if you would like to have a brief BIO and picture of yourself added to the University Calendar for your student recital, please send a low resolution picture to Lorenzo Johnson Jr. ldj016@shsu.edu along with your bio and we will update the Localist Calendar with this information.

**Recital Reception Order Form:**
Kindly note that **Sigma Alpha Iota** does offer **reception packages.** If you are interested, please notify the front desk and they will be able to provide you with a Sigma Alpha Iota Reception order form.
Below is more in-depth information regarding the updated guidelines, fees, and charges concerning reservation for your student recital. Note that any time you have made a payment, proof of purchase must be submitted to the School of Music office.

**Student Recital FEES:**

All student recitals must now be paid for in advance, in addition, we must also receive your **Student Recital Request Form** before your recital will be scheduled. The **recital fee is $50**. To pay this fee go the School of Music Store ➔ Merchandise ➔ and click on the Recital Fee. Proof of payment via Marketplace must be provided to Kelli either via email or a copy of the receipt can be brought to the office.

**Change of Date Request: (must pay additional charge)**

There is now an additional **$20 charge for any recital date change request**. This $20 fee is to be paid in addition to the $50 recital fee. To pay this fee go the School of Music Store ➔ Merchandise ➔ and click on the Recital Date Change Fee Product. Proof of payment via Marketplace must be provided to Kelli either via email or a copy of the receipt can be brought to the office.

**Cancellations: (no refunds)**

If a date has already been scheduled for your recital and it is later determined that you want to move the recital to the next semester or cancel, please note that there are **no refunds**.

**In summary**, you must make the recital payment, provide proof of payment, and turn in the Student Recital Request Form before the recital can be scheduled. In addition, there is a $20 charge for recital date change. Lastly, there will be **NO REFUNDS** on recital fees paid if there is a cancellation.
# Student Recital Request Form

*Deliver to: Kelli Irwin at the school of Music Office.*

<table>
<thead>
<tr>
<th><strong>Student name:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student ID:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phone Number:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Applied Instructor:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Instrument/Voice level:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Recital Type:** (check box)

- [ ] Degreed
- [ ] Non-Degreed
- [ ] ½ Recital
- [ ] Full Recital
- [ ] Collaborative *(if checked, fill out box below)*

- [ ] Undergraduate (bachelor’s degree)
- [ ] Graduate (master’s degree)

*(Check all that apply)*

If **Collaborative**, complete the blanks below:

- Accompanied By: ______________________________
- Instrument/Voice Level: ______________________________
- Is soloist performing for credit?:  
  - [ ] YES  
  - [ ] NO

**Requested Dates:**

- Recital Request Date: __________________ Time: ____________
- Dress Rehearsal Date: __________________ Time: ____________

**Signatures:**

- Student Signature: __________________ Date: ____________
- Instructor Signature: __________________ Date: ____________
# Student Recital Jury Report

Deliver to: Kelli Irwin at the school of Music Office.

<table>
<thead>
<tr>
<th>Today’s Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student name:</td>
</tr>
<tr>
<td>Student ID:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Applied Instructor:</td>
</tr>
<tr>
<td>Instrument/Voice level:</td>
</tr>
</tbody>
</table>

**Recital Type:** (check box)
- [ ] Degreed
- [ ] Non-Degreed
- [ ] ½ Recital
- [ ] Full Recital
- [ ] Collaborative
- [ ] Undergraduate (bachelor’s degree)
- [ ] Graduate (master’s degree)

((Check all that apply))

______________________________ has passed his/her recital jury.

(Student’s printed name)

**Recital Committee Signatures:**

________________________________________

________________________________________
Student Recital Program Form

This document may be downloaded from “Current Students” section of School of Music website.  
NOTE: It is extremely important you email Patricia your complete program information 
A MINIMUM OF 10 BUSINESS DAYS (2 FULL WEEKS) PRIOR TO YOUR RECITAL. 
Failure to do so will result in a generic music program for your performance. 
Email this info to Patricia Duran at: PatriciaDuran@shsu.edu

Name (as it will appear):
_________________________________________________________________________________________

Applied instructor:
_________________________________________________________________________________________

Instrument/Voice type:
_________________________________________________________________________________________

Piano accompanist:
_________________________________________________________________________________________

Additional performers: Please list additional performers & their instrument/voice type 
on the music pieces in which they are performing.

Recital details: Date: _________________ Time: _________________ Location: ________________

Number of programs requested (if more than 40): __________

Type of Recital (circle one): Undergraduate (bachelor’s degree) Graduate (master’s degree)

PROGRAM INFORMATION
Each piece should include complete title (with date, opus number, or other appropriate designation), movement names, composer name, and composer years using the following format:

Piece Name (include opus number or date of composition) Composer Full Name
Movement name or tempo designation (birth year-death year)
Movement II name or tempo designation
Musician, instrument

Piece Name (include opus number or date of composition) Composer Full Name
Movement name or tempo designation (birth year-death year)
Movement II name or tempo designation
Musician, instrument

Include intermission where applicable.

A proof (draft) will be emailed to you for review a few days before your recital, after which they are printed. Your programs will then be delivered by the School of Music to the GPAC box office for distribution at your recital.

Note: Program notes/bios (when desired) are not included. It is the student’s responsibility to create/format/print program notes separately.
Gaertner Performing Arts Center
Student Recital Technical Form

The “Technical Needs Form” must be submitted at least two weeks before your performance. If it is not, the help that the Technical Crew can offer will be limited. After submitting your form, you need to set up a meeting with Dr. Patrick to discuss all the details of your Recital/Concert. This will include discussing your program, if there are any set changes (stands/chairs moving), if you have certain needs for audio/video playback and in what format you need to have them ready, etc.

Please note that we do still offer a video recording of your recital upon request. In addition, we are offering another option, if you choose not to have the School of Music video record your performance you must sign the following form and turn it into Dr. Patrick one day before or the Friday before noon for weekend performances. If you have not turned in the form, or if you did not ask for the School of Music to record, you will not have a video recording of your performance.

This form is to be turned in at least TWO WEEKS before your recital. If it is not, the help that the Technical Crew can offer will be limited.

After you have submitted your form, you need to set up a meeting with Dr. Patrick at least ONE WEEK prior to your recital/concert to discuss the details. This will include discussing your program, stage set changes, and any other details to help make your recital a success.

Fill out this paper form and turn it in to Dr. Patrick (PAC 158) personally.

If you have not properly reserved the room, this form will not be honored. Please make sure you have the room booked and confirmed.

Have you reserved the space with Kelli Irwin in the Music Office? ______

<table>
<thead>
<tr>
<th>Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Venue</th>
<th>Recital Hall _________ Other (specify) __________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Performance Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Type</th>
<th>Solo ______ Chamber ______ Shared ______ Other (specify)______________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lesson Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email(s) and Phone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rehearsal Date(s) and Time(s) in Performance Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Performance Date and Time

Equipment Needs

Number of Chairs ________ Number of Music Stands ________

Piano: A  B  C  
(C requires authorization from Dr. Rus here ________________)

Harpischord  Organ

Do you plan to use Sound Reinforcement? Yes _____ No _____

Describe in detail on a separate sheet.

Do you have Media Playback? Yes _____ No _____

Type: Audio Only _____ Video Only _____ Audio & Video _____

Media: CD _____ DVD _____ Other: (specify) _______________

Note: Use of the Recital Hall projector will result in less than optimal recordings

All Media must be provided 24-hours in advance for testing to ensure proper operation. (Thursday at Noon for Saturday, Sunday, and Monday recitals/concerts)

Other Technical Needs:

Stage Plot (if more than two setups, attach a separate sheet with stage plots)

Setup 1

<table>
<thead>
<tr>
<th>Setup 1</th>
<th>Setup 2</th>
</tr>
</thead>
</table>

Do you want to use your own Video Recording Device? Yes No

If yes, a Video Recording Form is required with this form.

<table>
<thead>
<tr>
<th>Performer Signature (s)</th>
<th>Date</th>
</tr>
</thead>
</table>

Music Technical Coordinator Approval Signature Date

Form is not valid without Music Technical Coordinator’s Signature
Gaertner Performing Arts Center
External Video Recording
Permission Form

Deliver to: Dr. Patrick in the PAC, room 158

I, _________________________________, hereby certify that I take full responsibility for the video I am recording on the _____ day of __________. I confirm that I will not infringe upon Copyright Laws, by serial copying nor by reproducing this video with intent to distribute.

(You can view all of the Copyright Laws here: http://www.copyright.gov/title17/)

We, the School of Music at Sam Houston State University, hereby give you, _________________________________, permission to video and claim ownership to this recording.

<table>
<thead>
<tr>
<th>Printed Performer Name</th>
<th>Event Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performer Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Music Technical Coordinator Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form is not valid without Music Technical Coordinator’s Signature

Page