

## Department of Music

Collage Concert date requested: \_\_\_\_\_

Name of contact: \_\_\_\_\_

Email of contact: \_\_\_\_\_

Name of all performers:

\_\_\_\_\_ Instrument: \_\_\_\_\_

\_\_\_\_\_ Instrument: \_\_\_\_\_

\_\_\_\_\_ Instrument: \_\_\_\_\_

\_\_\_\_\_ Instrument: \_\_\_\_\_

\_\_\_\_\_ Instrument: \_\_\_\_\_

Complete name of work to be performed:

\_\_\_\_\_

Composer: \_\_\_\_\_

Composer Date of Birth: \_\_\_\_\_

Composer Date of Death (if applicable): \_\_\_\_\_

Duration of work being performed: \_\_\_\_\_

Signature of applied professor or ensemble coach:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of student performer or ensemble leader:

\_\_\_\_\_ Date: \_\_\_\_\_

*Submit this form to Danny DeRose in the music office no later than one week prior to requested concert date.*