

Tuesday Afternoon Recital

Application for Participation

- 1. Complete all relevant sections. Please type or print clearly!
- 2. Applications should only be signed by your instructor *after* you have completed it.
- 3. The signed, completed application must be submitted in hard-copy to the Main Office by 12pm, on the Tuesday prior to your assigned recital date. Late submissions delay the program printing process and may require us to delay/cancel your performance.
- 4. Incomplete or illegible forms will not be accepted.
- 5. The total time of your performance may not exceed 6 minutes. Exceptions to this policy may be granted through inquiry of the faculty recital coordinator (Dr. Laprade / lapradee@tcnj.edu)

All infe	ormation in this section must be completed:	
	Performance Date	
		1
H	Name	Instrument/Voice Type
l e		
Performer	D D (D) (C) (C) (D) (A)	
erf	Degree Program (Performance, Education, BA)	
Ъ		
	Academic Level (Freshman, Sophomore, Junior, Senior)	
	Treaterine Level (1 resoman, Supromore, Januar, Senior)	
Comple	te for each piece being performed. Your total performance time may not exceed 6 minutes	
	Full Title of Composition (do not use all uppercase lettering)	Duration
Piece #1		
	Movement Title and/or Tempo	
	#	
	#	
	E HAT CO A	P' 1 /D 1 D 1
	Full Name of Composer or Arranger	Birth/Death Dates
	Accompanist's Name	Instrument
	necompanist s reame	mstrament
	Full Title of Composition (do not use all uppercase lettering)	Duration
Piece #2		
	Movement Title and/or Tempo	
	#	
	#	
	E HAT CO A	D: 1/D 1 D
	Full Name of Composer or Arranger	Birth/Death Dates
	Accompanist's Name	Instrument
	Accompanist's Ivanic	mstrament
	ure of Studio Instructor	
	igning here, I am endorsing the student's participation in the Tuesday Recital on the	
given date, with the given repertoire, and with the given co-performer(s) if applicable.		
1		Date Signed
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