JACKSONVILLE STATE UNIVERSITY

College of Arts & Sciences

David L. Walters Department of Music

**Request for Calendar of Events Listing**

*This form is to be turned in to the Music Office (201 Mason Hall)*

|  |  |
| --- | --- |
| Today’s Date: |       |

*The Performance Center is reserved through the Music Office. Its primary function is recitals, performances and ensemble rehearsals sponsored by the David L. Walters Department of Music. Space must be reserved (see secretary for instructions) even before final submission of request.*

Please mark the appropriate box below with an “X”:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NEW****REQUEST** |  | [ ]  |  | **MODIFICATION REQUES**T |  | [ ]  |  | What was the originally scheduleddate for this event? |  | **CANCELLATION REQUEST** |  | [ ]  |
|  |  |  |  |  |  |  |  |       |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***DAY OF WEEK:*** |       |  | ***NAME OF EVENT:*** |       |
| ***DATE OF EVENT:*** |       |  |       |
| *Requester’s Name:* |       |  |       |
| *Who is responsible for cleanup and resetting of facilities?* |       |  | *Email address:* |       |
| *Requestor’s Telephone #:* |       |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| *Is this event to be held in the Mason Hall Performance Center?* |  |  |  |  |  |  | *Is this event to be listed on the website?* |
| ***YES*** | [ ]  |  | ***NO*** | [ ]  |  | ***YES*** | [ ]  | ***NO*** | [ ]  |  |

|  |  |
| --- | --- |
| *If not, where will the event be held?* |       |

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| *Will TICKETS be sold for this event?* |  |  |  |  |  |  | *If YES, WHERE can TICKETS be purchased?* |
| ***NO*** | [ ]  | ***YES*** | [ ]  |  |       |       |
|  |  |  |  |  |  |  | *Location / Contact Person* | *Phone No.:* |

*Standard time for performances are: 7:30 p.m. M-F / 3:00 p.m., 5 p.m. and 7:30 p.m. on Sat. and Sun.*

*Any deviation from standard time must be approved by the department head.*

|  |  |  |  |
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| ***Starting Time of Performance:*** |       | ***Primary Instrument or Voice Classification:*** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Ending Time of Performance:*** |       | ***What time will you begin setting up for event?*** |       |

|  |  |  |
| --- | --- | --- |
| *IMPORTANT:**Programs for this event should be on 8 ½” x 11” paper. The Department requires 40 copies of the printed program for inclusion in the annual PROGRAM BOOK. Programs must be received by the end of the Spring semester. The Standard Format for junior recital programs is available on the web: http://www.jsu.edu/music/student\_resources.html* |  |  |
|  |
|  | Signature of Requestor |
|  |
|  | Signature of Applied Instructor*(Required for all Junior & Senior Recitals)* |

*Classroom reservation is available only through the Music Office (201 MH).*

*Band Room space, other than regularly scheduled ensemble rehearsals are reserved through University Bands (304 MH).*