

COLLEGE OF CHARLESTON

Music Department Event Form

Your Name: _____

Instrument/Voice Range (SATB): _____

Your Contact Information: _____

Phone

Email

Name of Event: _____

Note: If the event is a student recital, you must get the signature of your teacher.

Date: _____ Time: _____

Location: _____

Note: If the event is to be held in the Recital Hall, you must get a signature from Kathryn Norton.

Is there an admission charge? Y N (circle one)

If yes, what is the charge? _____

REQUIRED SIGNATURES

Faculty Signature: _____ Date: _____

Signature: _____ Date: _____

Kathryn Norton

**AFTER ALL SIGNATURES HAVE BEEN
COLLECTED, PLEASE BRING THIS FORM
TO THE MUSIC OFFICE**