DEPARTMENT OF MUSIC
INSTRUMENTAL ACCOMPANIST REQUEST FORM

Student’s Name: _______________________________________________________________

Student’s Phone: _______________________________________________________________

Student’s E-mail: _______________________________________________________________

Applied Instructor: _____________________ Instrument: _________________________

Accompanist needed for:

- Departmental Student Recital       - Half Recital
- Jury                             - Full Recital

Date of Recital, if applicable: _________________________________________________

I have read and agree to the accompanying policies and procedures of the Department of Music. I understand that I am expected to pay the following amount for the services requested above by the following date:

Amount due: _____________________ Date due: _____________________

Fee for extra rehearsals, lessons, and performances due before service is given: _____________________

Student’s signature: ___________________________________ Date: ________________