

COLLEGE OF CHARLESTON

Music Department Event Form

Your Name: _____

Instrument/Voice Range (SATB): _____

Your Contact Information: _____
Phone Email

Name of Event : _____

Date : _____ Time : _____

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

If yes, what is the charge? _____

Location : _____

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

Signature: _____ Date: _____
Kathryn Norton

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

Faculty Signature: _____ Date: _____

After all signatures have been collected, please bring this form to the
Music Office (315-B, Simons Center)