



**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:** _____