Ohio University Performance Lab-1090 Request for Performance Form

SOLOIST PERFORMANCES

Please Print or Type all information carefully! Completed forms must be submitted to Prof. Rischin no later than ONE WEEK prior to requested PL-1090 date. Thank You!

Date PL-1090 form submitted: ___________________ Desired performance date: ___________________

Soloist Information (please give the name as you wish for it to appear in the program):

Name: ___________________________ Email: ___________________________
Voice/Instrument: ___________ Music Degree Program: ___________ Year in School: ________

Name and Email of Pianist:

Name: ___________________________ Email: ___________________________

Repetoire:

Title of composition (include opus number if available): ___________________________
Full name of composer: ______________________ Birth and death dates of composer: ___________
Date of composition: ______________
Movement titles: 1) ________________
2) ________________
3) ________________
4) ________________
Timing (please be extremely accurate): ___________________

Signature and Email of Applied Teacher Supervising Performance:

Signature: ___________________________ Email: ___________________________

**Please note:

1) Repertoire will be limited to 10 minutes or less. Longer performances may be allowed if time permits.

2) Recital participation is based on a first-come first-served basis, although preference will be given to Music Education, Music Therapy and BA majors who are fulfilling their performance requirements.

3) If more applications are submitted than available performance space, those applications will be scheduled for the next PL-1090 recital or the following semester.