Bluffton University Music Department

Student Recital Registration Form

Recital Date: __________________________

Performer name (give your name as you want it in print): ________________________________

Instrument/Voice part: ______________________________________________________________

Accompanist name/instrument: _______________________________________________________

Complete title of piece (include Catalog/Opus Number and movements and their number):
_______________________________________________________________________________

Composer/Dates (give the complete name and dates): ________________________________

Timed length of the piece: __________ initialed by instructor: __________

English translation (text and title of a non-English song)
(Please use the back of this form for the complete translation.)

THIS FORM MUST BE SUBMITTED TO THE MUSIC DEPARTMENT OFFICE ONE WEEK BEFORE THE RECITAL.