

Facility Reservation Form Degree Recitals

THIS FORM IS DUE 15-DAYS AFTER RECEIPT
Incomplete forms will not be accepted.

STUDENT NAME: _____ ID# _____

EMAIL: _____ PHONE #: _____

Check Appropriate Boxes Below:

Undergraduate Graduate

Composition Conducting Jazz Performance Music Education Performance

INSTRUMENT/VOICE: _____ STUDIO PROFESSOR: _____

Recital Details

DAY OF THE WEEK	DATE	START TIME	CH – M126 Concert Hall	WRH – M183 Wahlberg Recital Hall	OTHER Please state

Check Box for Appropriate Hall

	Day	Date	Time	Location
Hearing:				
Dress Rehearsal:				

RECEPTION: \$50	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>Assistant required for all receptions in building. Completion of University Food Service Form required. No Exceptions (see reverse)</i>
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_____ Student's Signature
_____ Date

Faculty Approval for Event - REQUIRED -

_____ Faculty Name (Print)
_____ Faculty Signature
_____ Date

All signees acknowledge and will comply with all policies and regulations established by California State University, Fresno.
<http://www.csufresno.edu/hr/policies/MAPP/III/D/D-08.pdf>

You will receive a separate Technical Specification Form

- For Office Use Only -		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zimbra Check	R25 - Entry	Copy To Tech
<input type="checkbox"/>		
Food Waiver		

Technical Specification Form

Degree Recitals

___ Concert Hall, ___ Wahlberg Recital Hall

Name _____ Due Date _____

Date of Event _____ Start Time: _____ Email _____

If no form is turned in 2 weeks prior to your event, you will receive Basic Services Only.

Additional Services

Please check the following requests

Talkback Microphone(s) QTY: _____ Wireless [3 available],

For additional microphones please select **Sound Reinforcement option in Audio/Visual Services*

___ CD Playback, ___ Cassette Playback, ___ Laptop/MP3 Playback (Audio Only)

Basic White Wash Stage Lighting

___ Full Stage, ___ Medium Stage, ___ Solo Recital

Event Recording (CD/DVDs will be available within 14 days of the performance)

___ Audio ___ Video

**Audio and Video Recording is included with the \$100 course fee.*

\$100.00

Instruments/Equipment Requirements

Please check the following requests

Concert Hall Piano: 9' Yamaha ___ , 9' Steinway ___

Wahlberg Piano: 7; Yamaha ___

Organ ___ (Concert Hall Only); **Harpichord** ___

Chairs-150 available

Qty: _____ Tables QTY: 6' _____, 4' _____

Music Stands-60 available

Qty: _____

Choral Risers-8 available

Qty: _____

Platform Risers-13 available

Qty: 8" _____ / 16" _____ / 24" _____

Podium/Lectern ___

Podium Microphone ___

Audio/Visual Services

Please check the following requests

Sound Reinforcement ___ (requires an audio engineer/mixer)

**Please include a typed sheet regarding sound reinforcement specifics.*

Video Projector and Projector Screen ___

\$5...Additional CD Copies

QTY: _____

\$ _____

\$10...Additional DVD Copies

QTY: _____

\$ _____

Total Fee Due \$ _____

Terms of Agreement and additional information on back

California State University, Fresno Department of Music

Terms of Agreement

1. All forms must be turned in **30 Days** prior to Event.
2. Any late request made within the **2 weeks** prior to the event needs to be approved by the Technical Director.
3. Cancellation of event must be submitted **2 weeks** prior to the event to avoid paying Facility Charges. (Booking Fees and Staff Fees)
4. Groups using these facilities will be responsible for set-up and tear-down of music stands and chairs for their event, clearing all items from the backstage area, or as negotiated with the Technical Director.
5. Additional fees will be assessed by the Technical Director for damage of equipment and/or debris left in any area of the facility.
6. All Audio and Video Recordings are meant exclusively for educational purposes. It may not be: a.) Duplicated and/or sold in any form; b.) Posted in full or part on any online server, including social media and other video postings sites such as Vimeo, YouTube, Facebook, or any similar service; c.) Transmitted electronically in any fashion

ANY CHANGES MUST BE APPROVED AT LEAST 2 WEEKS BEFORE THE EVENT

I have read the Terms of Agreement and will adhere to the terms as stated. I also agree to comply with all policies and regulations established by California Sate University, Fresno:

Name (Print) _____ Phone _____

Signature _____ Date _____

Please direct any questions and **return this form** to:

California State University, Fresno
Department of Music
2380 E. Keats Ave. M/S MB77
Fresno, CA 93740-8024

Technical Director: José ElaGarza, email jogarza@csufresno.edu

PLEASE ATTACH A DETAILED DIAGRAM OF YOUR STAGE SET-UP

Additional information or request(s), please use space below

For Technical Support Only

Time In: _____ Event Start Time _____ Time Out: _____ Guest Count: _____

Please provide a list of items they requested that wasn't on the form.

Were there any conflicts or problems: Yes No

Please email José with concerns or questions immediately after the concert/event