

Intent to Schedule at the McKnight Center for the Performing Arts

*Name: _____

*Instrument/Voice: _____

*Studio Professor: _____

*Year (Jr, Sr, Grad): _____ Major: _____

*Recital Date/Time: _____

*Dress Rehearsal Date/Time: _____

*Projected Program Run Time: _____ (times may vary)

*Specific Needs (piano, microphones, chairs, stands, etc.)

* Required information