

Program Collection Form



THE MCKNIGHT CENTER

FOR THE PERFORMING ARTS AT OKLAHOMA STATE UNIVERSITY

YOUR EVENT MUST BE ON THE MASTER CALENDAR BEFORE YOU SUBMIT THIS FORM.

DUE 45 DAYS IN ADVANCE OF EVENT.

SUBMIT ELECTRONICALLY TO musicprograms@okstate.edu

DATE OF EVENT: _____ TIME OF EVENT: _____

NAME OF ENSEMBLE/ARTIST : _____

PRIMARY CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

ROOM BEING RESERVED: PERFORMANCE HALL RECITAL HALL

DETAILED REPERTOIRE AND RUN TIME:

COMPOSER	TITLE AND MOVEMENT	DURATION

IS THERE AN INTERMISSION? YES AFTER WHICH PIECE? _____ NO

ARE THERE PRE OR POST CONCERT ACTIVITIES PLANNED? YES _____ NO

WILL THERE BE CATERING? YES NO

SPECIAL NEEDS: PIANO MICROPHONES PROJECTOR

OTHER PRODUCTION NEEDS: _____

Major: _____

Student Recital: Jr / Sr / Grad (circle one)

Professor: _____

Faculty Recital: Assoc. Prof. / Asst. Prof. / Other

Instrument: _____

Send headshot/poster (11X20) to dmaaron@okstate.edu