**NAME __________________________**

**RECITAL TYPE ___________________**

**CLASSIFICATION (circle one):**  Soph  Junior  Senior  Grad

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**RECITAL SCHEDULING APPROVAL FORM**

1. List your primary choice of date and time, along with two alternates that are viable choices.
2. Have your applied lesson teacher sign this form with the dates indicated, specifying that the dates also work for his or her schedule.
3. Bring this form with you when you are eligible to schedule your recital with Mrs. Tucker.
4. *If you do not have a properly completed, signed form with you when you are scheduling your recital you will not be allowed to schedule a date.*

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**Applied Teacher’s Name:** ________________________________

**Applied Teacher’s Signature:** ________________________________

*Please note: by signing this form you are agreeing to the dates listed above.*