

Faculty Event Request Form

University of Oklahoma – School of Music

- All performances and events occurring in the OU School of Music performance halls must be requested a minimum of 30 days in advance.
- Events scheduled after July 1 of each year will not be included in the annual College of Fine Arts publication booklet.
- Last performance day for Series events, Guest Artist events, and Faculty events:
 - Fall (Sunday, of week 10)
 - Spring (Sunday, of week 9)

Ensemble Name: _____

OR

Name and instrument of performers: _____

Please select one of the following options:

- | | |
|---|--|
| <input type="checkbox"/> Sutton Concert Series | (Ticketed event – OU sponsored ensemble) |
| <input type="checkbox"/> Sutton Artist Series | (Ticketed event – OU faculty solo/chamber concert) |
| <input type="checkbox"/> Norton Artist Series | (Ticketed event – Guest performer) |
| <input type="checkbox"/> Boggess Organ Recital Series | (Ticketed event – Guest organist) |
| <input type="checkbox"/> Masala World Music Series | (Ticketed event) |
| <input type="checkbox"/> Ruggles Native American Music Series | (Ticketed event) |
| <input type="checkbox"/> Faculty Recital | (Non-ticketed event) |
| <input type="checkbox"/> Guest Artist Recital | (Non-ticketed event) |
| <input type="checkbox"/> Studio Recital | (One per semester) |
| <input type="checkbox"/> Guest Artist Master Class | |
| <input type="checkbox"/> Other _____ | |

Requested Performance Date:

1st Choice: _____ **2nd Choice:** _____ **3rd Choice:** _____
 (Day of Week, Month, Day, Year) (Day of Week, Month, Day, Year) (Day of Week, Month, Day, Year)

- | | | |
|--|--|--|
| <input type="checkbox"/> 8:00PM (Monday– Sunday) | <input type="checkbox"/> 8:00PM (Monday– Sunday) | <input type="checkbox"/> 8:00PM (Monday– Sunday) |
| <input type="checkbox"/> 3:00PM (Sunday Matinee) | <input type="checkbox"/> 3:00PM (Sunday Matinee) | <input type="checkbox"/> 3:00PM (Sunday Matinee) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Paul F. Sharp Concert Hall | <input type="checkbox"/> Paul F. Sharp Concert Hall | <input type="checkbox"/> Paul F. Sharp Concert Hall |
| <input type="checkbox"/> Morris R. Pitman Recital Hall | <input type="checkbox"/> Morris R. Pitman Recital Hall | <input type="checkbox"/> Morris R. Pitman Recital Hall |
| <input type="checkbox"/> Grayce B. Kerr Gothic Hall | <input type="checkbox"/> Grayce B. Kerr Gothic Hall | <input type="checkbox"/> Grayce B. Kerr Gothic Hall |
| <input type="checkbox"/> Choir Room | <input type="checkbox"/> Choir Room | <input type="checkbox"/> Choir Room |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

May this event be live streamed? Yes No

Please fill out reverse side.

STAGE PLOT

Fall / Spring Week: _____

Name: _____ Date/Time: _____

Venue: _____

Live Stream: YES / NO

Needed Items

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-
-
-

