



# MEA 2009-2010 STUDENT RECITAL APPLICATION FORM

**Please retain this form for the season. Send only duplicates when applying and please print clearly.**

I would like to present the following pupil(s) in the Student Recital on Sunday, (fill in date) \_\_\_\_\_.

**I Student** \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_ Years of study \_\_\_\_

Selection	Op. #	Composer	Performance Time
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1. \_\_\_\_\_

2. \_\_\_\_\_

**II Student** \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_ Years of study \_\_\_\_

Selection	Op. #	Composer	Performance Time
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1. \_\_\_\_\_

2. \_\_\_\_\_

**III Student** \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_ Years of study \_\_\_\_

Selection	Op. #	Composer	Performance Time
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1. \_\_\_\_\_

2. \_\_\_\_\_

I understand that each teacher is allowed **10** minutes. This may be divided among three pupils, or one pupil may take **8** minutes. No performer is permitted to run over time. Selections are limited to two for each pupil.

**Teacher's Signature** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Please send this form, a copy of your MEA membership card, one signed photo release form for each student, and a stamped self-addressed envelope to:  
Student Recital Chair, Irene Hakim (address below), at least 14 days before the recital date.**

✂ \_\_\_\_\_

Dear \_\_\_\_\_,

Your pupil(s) \_\_\_\_\_

is (are) scheduled to perform in the Student Recital at Madison Public Library on Sunday, \_\_\_\_\_ at

\_\_\_\_\_ PM. Please advise your pupil(s) to arrive **15 minutes before** the program time to check in and that **there is a suggested**

**donation of \$10.** Please notify me as soon as possible before the program begins if a performer is unable to appear. Thank you.

**Irene Hakim, 112 Ashland Road, Summit, NJ 07901, 908-273-7447 (Email: studentrecital@mea-nj.org)**