SENIOR RECITAL PUBLICITY RELEASE

Complete and submit to Stetson University Marketing by 4:00 p.m. on the day following your hearing.

NAME _________________________________________ Phone ________________________

Today’s date ________________________________

Parents’ first and last names_____________________________________________________

Parents’ address

_______________________________________________________
City State ZIP

Hometown newspaper ____________________________________________________________

Candidate for the degree of ______________________________________________________

Performing area ________________________________________________________________

Applied teacher ________________________________________________________________

Honors received (Include scholarships, competitions, etc. Spell out acronyms. Use back if necessary)

______________________________________________________________________________

Affiliations, honorary societies, offices held, etc. - spell out acronyms _____________________________

______________________________________________________________________________

Employed? Yes / no If yes, where? ______________________________________________________

Recital date___________________ Time*_____________ Place_______________________

Accompanist (and/or others on recital): Specify names and instruments/voice etc.

______________________________________________________________________________

Please attach approved copy of your recital program to this sheet and send it to:

Stetson University Marketing
Unit 8319

Or hand deliver to Stetson University Marketing, 145 E. Michigan Avenue

* Stetson University Marketing: Please confirm recital time with Tammy Shistle in the Music Office (ext. 8960) before releasing publicity.