

## The Sacco Studio Recital Entry Form

Recital Date: \_\_\_\_\_ Time: \_\_\_\_\_

Entry Fee: 25.00 ( with food) 30.00 ( without food)

Entry Fee Due Date: \_\_\_\_\_

Student's Name : \_\_\_\_\_

( Note: If under 18, please supply parent's name as well).

Parent's Name: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Composition: \_\_\_\_\_ Composer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exact Singing Time: \_\_\_\_\_

Costume Change Time: \_\_\_\_\_

Rehearsal Time with Accompanist: \_\_\_\_\_

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For Office use only: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_

Performance Order: \_\_\_\_\_