GSU SCI Student Chapter Concert/Combined Area Recital Submission Request Form

PLEASE PRINT

Composer’s Name: ______________________________________________________________

Composer’s Date of Birth (year only): ___________________________

Date of SCI Concert or Combined Area Recital: _______________________________________

Date of Submission Request: _________________________________ Time: _____________

Title of Composition: _____________________________________________________________

Date the Composition was completed (year only): __________________________

Estimated Total Timing of Composition: _________ minutes / _________ seconds

Is this work a premiere? _____ Yes _____ No

Instrumentation of Composition: __________________________________________________

_______________________________________________________________________________

List Performers: _________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

List number of movements *WITH* estimated timings per movement if applicable: