UNIVERSITY OF Redlands
SCHOOL OF MUSIC

ENSEMBLE PROGRAM FORM

*MUST BE RECEIVED AT LEAST 10 BUSINESS DAYS PRIOR TO RECITAL.

Ensemble Name_____

Ensemble Director_____

Date of performance_____ Time_____

Location_____

Accompanist_____

Soloists and Additional Details_____

_____

Roster (Full Names and Instrument/Range as you want it to appear)

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Title (Key, Catalog listing [K., etc.], number, if applicable)

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Complete name and dates of composer (for 20th century works include year of composition and date of birth)

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Arranger (if applicable) _____

List all movements to be performed

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