

# MICHIGAN STATE UNIVERSITY | COLLEGE OF MUSIC

## Faculty & Guest Cancellation Contract

**FACULTY MEMBER NAME:**

This person is responsible as the contact for this contract.

**FACULTY E-MAIL:**

**MAIN PERFORMER:**  **INSTRUMENT:**

**PERFORMANCE VENUE:**  Cook Recital Hall  Hollander Hall (120)  Murray Hall (available 2/20)  Fairchild Theatre

**OTHER VENUE LOCATION:**

**RECITAL EVENT DATE:**

**CHECK ONE BOX:**  Monday 7:30pm  Tuesday 7:30pm  Wednesday 7:30pm  Thursday 7:30pm

Friday 8:00pm  Saturday 3:00pm  Saturday 8:00pm  Sunday 3:00pm  Sunday 7:00pm

**REASON FOR CANCELLATION:**

**In accordance with the College of Music Recital Policy, I, the undersigned am requesting to cancel my recital.**

**FACULTY SIGNATURE:** \_\_\_\_\_  
By signing, or submitting this electronically, you agree to comply with all the policy requirements.

**DATE:** \_\_\_\_\_

Check if applicable:  
Electronic Agreement

**DEAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

WEB CHECKOUT  
UPDATED DATE:

WEB SCHEDULER  
UPDATED DATE:

SCHEDULER  
UPDATED INITIALS:

EVENTS  
CALENDAR DATE:

SCANNED  
DATE:

SCANNED STAFF  
INITIALS: