

# Yale SCHOOL OF MUSIC

## Office of Concert Programs

### LARGE ENSEMBLE AUTHORIZATION

I hereby request to have a large ensemble (six or more players) on my recital program.

P.O. Box 208246  
New Haven, CT 06520-8246  
T 203 432-4158  
F 203 432-7542

\_\_\_\_\_  
Student Name

*courier*  
Sprague Memorial Hall  
98 Wall Street  
New Haven CT 06511

\_\_\_\_\_  
Performance Date / Time / Venue

*Please indicate* Composer / Title of Piece / Number of Performers / Stage Setup Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Performers and Rehearsal Time

*Please use the space below to list all performers in the large ensemble **and** indicate all rehearsal times.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Approval of the Dean or Deputy Dean is required.*

I hereby approve this ensemble.

\_\_\_\_\_  
Signature of Dean or Deputy Dean

\_\_\_\_\_  
Date

*This form **MUST** be accompanied by a signed Limited Media Release Form from any guest performer (i.e., performers who are not students or faculty of the Yale School of Music.) The form can be downloaded from: [music.yale.edu/students/media-release-forms](http://music.yale.edu/students/media-release-forms)*

*Please return this form to the Concert Office at least five business days before the performance date.*