

SHEPHERD RECORDING PROJECT REQUEST FORM

SHEPHERD UNIVERSITY SCHOOL OF MUSIC • P.O. Box 5000 • Shepherdstown, WV 25443-5000
PHONE 304-876-5555 • FAX 304-876-0955 • EMAIL music@shepherd.edu

First name	Last name		
Street address	City	State	Zip code
Phone	Cell phone	E-mail	

RECORDING REQUEST

Ensemble Performance Name of Ensemble: _____
Performance Date: ___/___/___ Location: _____
Select format: digital recording \$15.00 CD(s)* ___@ \$15.00 each \$ _____

Performance Forum Performer(s): _____
Performance Date: ___/___/___ Location: _____
Select format: digital recording \$5.00 CD(s)* ___@ \$5.00 each \$ _____

*CD order delivery options: Hand deliver/pick up from Frank Center - no charge Mail – add \$2.50 \$ _____

RECORDING ORDER TOTAL \$ _____

RECORDING SERVICES

Student name: _____ **Shepherd ID Number:** _____

Senior Recital Recording fee—\$30.00 Performance Date: ___/___/___ Location: _____
Fee includes engineering services, use of facilities and equipment. Select format: digital files CD* \$ _____

Other recording request—\$30.00 Recording due date: ___/___/___ Location requested: _____
Fee includes one hour of engineering services, facilities and equipment use. Select format: digital files CD* \$ _____
_____ additional hour(s) of recording time @ \$20.00 per hour \$ _____

Non-Shepherd student—\$50.00
Name: _____ Recording due date: ___/___/___ Location requested: _____
Fee includes one hour of engineering services, facilities and equipment use. Select format: digital files CD* \$ _____
_____ additional hour(s) of recording time @ \$50.00 per hour \$ _____

RECORDING SERVICES REQUEST TOTAL \$ _____

PAYMENT MUST ACCOMPANY THIS ORDER. DO NOT ENCLOSE CASH.

Check enclosed payable to Shepherd University. Please write performer(s) name(s) on the check memo line.

Credit card: VISA MasterCard Discover American Express

Card Number: _____/_____/_____/_____ Exp. date: ___/___ CVC: _____

Cardholder name: _____ Signature: _____

FOR SHEPHERD MUSIC SCHOOL USE ONLY:

Received : ___/___/___ Amount: _____

Engineer Name: _____

Approved: _____

Date completed: ___/___/___

Assigned to: _____

Delivery date posted: ___/___/___