

**DICKINSON COLLEGE DEPARTMENT OF MUSIC
CONCERT PROPOSAL FORM**

To: Dickinson College Department of Music

From: _____
(Name of individual, ensemble, or faculty liaison on behalf of guest artist)

Check One: Dickinson faculty
 Dickinson faculty liaison for: _____
(Name of guest artist)

(Street address of guest artist)

(City, state, zip of guest artist)

(Phone / e-mail of guest artist)

E-mail: _____

Telephone: _____

Proposed Program Title and/or Repertoire:

Proposed Date/Time: _____
(Please provide **three** dates and times, with the preferred date listed first. See available days/times listed on the [Concert Proposal Information](#) sheet. Consult the academic calendar at <http://www.dickinson.edu/academics/cal2007.html> for semester breaks, holidays, etc.)

Preferred Performance Auditorium: _____
(Rubendall Recital Hall, Memorial Hall of Old West, or the Anita Tuvin Schlector Auditorium)

Technical Requirements:
(Please list any unusual technical requirements.)

