

GOODNOW LIBRARY

21 Concord Road
Sudbury, Massachusetts 01776
Tel. (508) 443-1035
Fax (508) 443-1036



Recital Application Form

Teacher's name: _____ Date submitted: _____

Organization: _____

Instrument(s) taught: _____

Address: _____
Street Town, ST ZIP

Phone: _____ Fax: _____

E-mail address: _____

Contact name/phone/e-mail if other than teacher named above: _____

Number of students expected to perform: _____ Age range of performers: _____

Instruments being performed: _____

Please draw and/or describe below (or attach) a diagram of the physical arrangement you will require for your recital including the number of chairs needed for audience members. The library's janitorial staff *may* be able to assist with the using the room each Saturday.

Saturday Date and Timeslot requested: _____ *either* 10am-2pm or 12-4pm
or Weeknight Date & Time requested: _____

Special Requests/Concerns:

Authorized Signature of Responsible Representative

Date

Please submit this form, along with a \$150 check to the Goodnow Library. For scheduling and facility-specific questions, please contact Mike Briody at Goodnow Library, ext. 224. For all other inquiries, please contact Eleanor McLaughlin at evmpiano@verizon.net.