

RECORDING SESSION REQUEST FORM *Due TWO WEEKS in advance. Late requests may be denied. Submission of this form does not guarantee reservation of your session. All sessions will be confirmed by email.*

Name _____ Student ID # _____ Date _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

Please check one: LU Student LU Alum Academy Student Other: _____

If *LU student*, please select method of payment: Check Bill to student account

Purpose of Recording Project (please check as applicable):
 Graduate School Summer Music Program Competition Other: _____

Instrument / Voice Type: _____

Please list all supporting musicians and instruments:

Project Deadline: _____

Video needed? No Yes If Yes, please check one: DVD VHS S-VHS

Editing/splicing needed? Yes No Multi-track needed? No Yes

Multiple CDs needed? No Yes If Yes, indicate quantity: _____ + 1 copy for your own records

All recording sessions are done as **two-track (stereo)** recordings. If **multi-track** recording is needed, please **email us** at recording@lawrence.edu with a **complete** list of **all** the instruments that will be recorded on separate tracks.

Number of sessions needed: _____

Venue: Chapel Shattuck 163 Shattuck 156 Jazz Room

The **Chapel** is the only venue that has **video recording** capabilities.

List all dates and times, including alternate dates. Indicate order of preference if necessary:

Date	Start Time	Approx. End Time	Indicate if Alternate Date	Order of Preference

For Office Use Only _____

Conservatory Office approval of room reservation:

Signature _____ Date _____