

UNCW DEPARTMENT OF MUSIC EVENT SUMMARY

Approval and signature of the department chair is required before finalizing payment for guest artists or any other individuals.

If you have received prior approval, please attach it when submitting this form.

If event is intradepartmental only, please email completed form to Ann Seymour at least 6 weeks prior.

For events open to the general public, please email completed form at least 12 weeks prior to Ann Seymour: seymoura@uncw.edu

faculty coordinator _____ date submitted _____
email address _____ office phone _____ cell phone _____

SECTION A

REQUIRED
FOR ALL EVENTS

PERFORMANCE
name of event _____
event date INCLUDE DAY OF WEEK AND YEAR _____
event time INCLUDE AM OR PM _____
location(s) _____
dress rehearsal date, time _____
dress rehearsal location _____
faculty student guest artist(s) / instrument(s) _____

MASTER CLASS, WORKSHOP, CLINIC, ETC.
name / type of event _____
event date INCLUDE DAY OF WEEK AND YEAR _____
event time INCLUDE AM OR PM _____
location(s) _____
name of clinician (if applicable) _____

TYPE OF EVENT PLEASE CHECK ALL THAT APPLY

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> class activity | <input type="checkbox"/> festival | <input type="checkbox"/> Dept of Music only | <input type="checkbox"/> Grades or ages |
| <input type="checkbox"/> clinic | <input type="checkbox"/> lecture | <input type="checkbox"/> open to the general public | RECRUITMENT EVENTS ONLY |
| <input type="checkbox"/> competition | <input type="checkbox"/> master class | <input type="checkbox"/> list on Dept of Music website | |
| <input type="checkbox"/> conference | <input type="checkbox"/> workshop | <input type="checkbox"/> list in community calendars WHQR, STAR-NEWS, ETC. | |

SECTION B

REQUIRED ONLY
IF APPLICABLE

PLEASE
ATTACH ANY
ADDITIONAL
INFORMATION

LOGISTICS
equipment/furniture _____
room set-up _____
room to be set up/struck by faculty student volunteers student workers staff crew
special parking requests I.E., GUEST PARKING PASSES OR BUS PARKING _____
CAB access LIST TIMES AND AM OR PM _____ unlock _____ lock
food/drink yes no catered ARAMARK food/drink provided by other _____

Requirements DEADLINE: 4 WEEKS IN ADVANCE OF EVENT

- | | | |
|--|---|--|
| <input type="checkbox"/> printed program MINIMUM 2 WEEKS IN ADVANCE | <input type="checkbox"/> backstage crew | <input type="checkbox"/> recording |
| <input type="checkbox"/> moving services | <input type="checkbox"/> house manager | <input type="checkbox"/> multi-track recording |
| <input type="checkbox"/> recruitment materials:
KIND AND QUANTITY _____ | <input type="checkbox"/> ushers | |

Admission fee

- free \$6 general public, UNCW staff free to UNCW students
other PLEASE BE SPECIFIC _____
special arrangements for comp tickets _____

Registration fee CLINICS, MASTER CLASSES, ETC.

- free other PLEASE BE EXACT _____

Tech requirements LIST REQUIREMENTS, EVEN IF APPROXIMATE

_____ intermission	_____ # of mics	_____ AV cart
_____ # of chairs	_____ amps	_____ video, PowerPoint or other screen presentation
_____ # of stands	_____ stand lights	_____ podium
_____ choral risers	_____ traveling stands	_____ lapel mic(s)
_____ band risers	_____ piano offstage	other _____

stage set-up INCLUDE DESCRIPTION OF STAGE SET-UP _____
approximate length of program _____

Chair's signature _____ Fund(s) _____ Date _____

DEPARTMENT OF MUSIC EVENT SUMMARY PAGE 2

GUEST ARTISTS

AND FOR PAYMENT OF VENDORS WHEN APPLICABLE

SECTION C

**REQUIRED WHEN
A GUEST ARTIST
IS INVITED**

**CONTACT
ANN SEYMOUR
IF SPACE
FOR MORE LISTINGS
IS NEEDED
OR LAST PAGE
OF FORM.**

Guest artist

name _____
street address _____
city _____ state _____ zip code _____
email address _____ website _____
day phone _____ cell phone _____
representation and contact name _____
address _____
city _____ state _____ zip code _____
phone _____ email address _____
 payment \$ _____
 pay as independent contractor
 UNCW faculty/staff or other state of North Carolina employee
 temporary employee BACKGROUND CHECK W/ ADDITIONAL PROCESSING TIME REQUIRED: SEE NATHAN HOLTSCLAW
 contract

Guest artist/vendor requirements/expenses

payment due to artist / vendor by _____ DATE _____
 payment made out to _____
 travel _____
 lodging _____
 meals _____
 local transportation _____
 other _____

Guest artist

name _____
street address _____
city _____ state _____ zip code _____
email address _____ website _____
day phone _____ cell phone _____
representation and contact name _____
address _____
city _____ state _____ zip code _____
phone _____ email address _____
 payment \$ _____
 pay as independent contractor
 UNCW faculty/staff or other state of North Carolina employee
 temporary employee BACKGROUND CHECK W/ ADDITIONAL PROCESSING TIME REQUIRED: SEE NATHAN HOLTSCLAW
 contract

Guest artist/vendor requirements/expenses

payment due to artist / vendor by _____ DATE _____
 payment made out to _____
 travel _____
 lodging _____
 meals _____
 local transportation _____
 other _____

DEPARTMENT OF MUSIC EVENT SUMMARY PAGE 3
GUEST ARTISTS

SECTION D Artist Biography

REQUIRED FOR:
PAYMENTS
OF \$500 OR MORE,
PUBLICITY,
PROGRAMS,
ETC.

CONTACT
ANN SEYMOUR
IF SPACE
FOR MORE LISTINGS
IS REQUIRED

EMAIL PHOTOS
TO ANN SEYMOUR

Artist Biography