

**FERGUSON CENTER FOR THE ARTS
CLASSICAL MUSIC SERIES**

Artist Request Form

Performer/Lecturer/Ensemble _____

Telephone or E-mail Contact _____ **Location** _____

**Classification (vocal, instrumental,
keyboard, composition, scholar,
world music, jazz, other)** _____

**Presentation (recital, masterclass,
featured soloist, lecture, other)** _____

Preferred Day of Week and Month _____

Benefit of Presenting this Artist _____

Submitted by _____ **Date** _____

Comments of Department Chair _____

Ferguson Center Only

Arrival Date _____ **Performance Date** _____ **Departure Date** _____

Travel Cost _____ **Housing Cost** _____ **Meal Cost** _____ **Honorarium** _____