

**AUDIO/VIDEO RECORDING SESSION REQUEST FORM**

*All requests need to be submitted three weeks in advance.*

**The Recording fee is \$75.00 per hour\***. This fee applies to recording, mixing, and editing time. Please be reminded that the hourly rate begins at the start of your session and will include set up and break down time. Your recording space will be made available one hour prior to your recording session for warm up and rehearsal. A master CD/DVD will be provided after full payment is made. **Please attach a detailed description of your recording needs. Be sure to include the following:**

- Intended purpose of recording session
- Number and names of members participating in session
- Instrumentation
- Other pertinent details

A committee will review your recording request and get back to you within 5 business days. The decision will be based on logistics, venue and media technician availability.

Name: \_\_\_\_\_ WCU ID#: \_\_\_\_\_  
 Date Submitted (mm/dd/yy): \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Preferred Date of Recording Session:**  
(mm/dd/yy): \_\_\_\_\_ Time from \_\_\_\_\_ to \_\_\_\_\_ AM/PM

**First Alternate Recording Date:**  
(mm/dd/yy): \_\_\_\_\_ Time from \_\_\_\_\_ to \_\_\_\_\_ AM/PM

**Second Alternate Recording Date:**  
(mm/dd/yy): \_\_\_\_\_ Time from \_\_\_\_\_ to \_\_\_\_\_ AM/PM

\_\_\_\_\_  
Signature of the Requestor

**OFFICE USE ONLY**

Madeleine Wing Adler Theatre \_\_\_ Gates Family Recital Hall 100 \_\_\_ Instrumental Room 141 \_\_\_  
 Choral Room 320 \_\_\_ Small Ensemble Room 200I \_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*There may be additional fees for instrument rental and piano tuning.  
 \*Cancellation notices must be received no later than 24 hours before the start of your scheduled recording session.

Please submit all information to the main office.