

APPLICATION FOR GIG REFERRALS

Please also understand that you are giving us a release to pass out your home phone number and email address. When you change your phone number/email address or your availability status, please inform Deon Dourlein, (520) 626-9225, deon@u.arizona.edu. If you have read this, understand it, and agree to it, sign your name on the following line:

Signature: _____ Date: _____

Please PRINT the following information:

Name: _____

Instrument/Voice Type: _____

Email Address: _____

Phone Number: _____

Major Professor: _____

Year in School: _____

Other Information: _____



THIS SECTION TO BE COMPLETED BY THE PROFESSOR

The above-named student has my recommendation for (please check all that apply):

Teaching

Performing

Accompanying

Comments:

Signature: _____ Date: _____

This form will not be accepted nor will any referrals be given without your professor's signature. Thank you. Return this form to Deon Dourlein, Music Bldg., Room 120.