

**STUDENT RECITAL**  
**Springfield Music Club**

Date of Event: \_\_\_\_\_

**Teacher's name:** \_\_\_\_\_

Teacher's phone: \_\_\_\_\_

Fee enclosed: \_\_\_\_\_

**Student's name:** \_\_\_\_\_

Student's phone: \_\_\_\_\_

Composer	Title	Timing
_____	_____	_____

Composer	Title	Timing
_____	_____	_____

**Student's name:** \_\_\_\_\_

Student's phone: \_\_\_\_\_

Composer	Title	Timing
_____	_____	_____

Composer	Title	Timing
_____	_____	_____

Mail applications to:  
Patricia S. Lotane  
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