# VENUE REQUEST FORM FOR MA / SOLOIST DIPLOMA CONCERTS

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| --- | --- | --- | --- |
| **Student** | full name: | | |
| department, major/main subject, year of studies: | | |
| address: | | |
| phone number: | | |
| e-mail: | | |
|  |  | | |
| **The event** | place: | | |
| date: | starts at: | ends at: |
| time of the main rehearsal: | starts at: | ends at: |
|  |  | | |
| **Technical requirements** | planned max. number of performers: | | |
| instrumentation (*requested from the Liszt Academy, e.g. harpsichord*): | | |
| tuning *(in case of harpsichord: pitch and temperament as well)*: | | |
|  |  | | |
| **Recording services** | only audio recording (yes/no): | | |
| video recording (yes/no): | | |
| **The student’s statement:**  I have read and accepted the rules of reserving a venue. In case of change in the date or cancellation of the event I will notify the Event Management Sub-Division and the International Sub-Department at least 30 days before the planned date of the concert. **I understand that the Academy only guarantees the technical and other conditions of the event in case I fulfill all the requirements of the venue request procedure. I accept the regulations about the recordings (sound, video) and photographs related to the event.**  Date: Budapest,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of student | | | |
| I approve the concert being held at the requested time.   |  |  |  | | --- | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  sig. of the main subject professor | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  sig. of the Head of Department | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  sig. of the International Sub-Dept.’s administrator | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signature of Recipient | | | |