# VENUE REQUEST FORM FOR MA / SOLOIST DIPLOMA CONCERTS

|  |  |
| --- | --- |
| **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 |