



Kendall Campus

Music, Theater & Dance
Concert Request Form

Performance Title: _____

Contact Coordinator's Name: _____

Phone # _____ Email: _____

Performance Date: _____

Rehearsal Schedule for Performance Space: _____

Call Times: _____

Music Stands: _____

Podium: YES NO

Microphones: _____

Choral Risers: YES NO

Numbers of Chairs: _____

Acoustic Shells: YES NO

Special Lighting Needs: _____

Special Lighting (other): _____

If you have any questions please contact:

Concert Manager: Joann Thomlin

Email: jthomlin@mdc.edu

Phone# 305-237-2282

*For all program needs please submit your information to the department's secretary ten (10) days prior to concert. Ext: 7-2282