



**Black Hills Area Music Teachers Association  
GROUP RECITAL ENTRY FORM  
SOUTHERN HILLS**

Contact Person:  
Nola Culver (culvnol@yahoo.com) 393-1640

Date \_\_\_\_\_ Location \_\_\_\_\_

**6:30 Recital (Less Formal)**

Performer	Selection	Composer	Length
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**7:30 Recital (Formal)**

1. _____
2. _____
3. _____
4. _____
5. _____

Teacher Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_