

# Music for Use Project

## Collaboration Commitment

### Collaborators

#### Composer

Name:

School/Degree Status:

Email:

Phone:

Best reached by? (phone/email)

#### Ensemble Director

Name:

Affiliation (School or Program):

Email:

Phone:

Best reached by? (phone/email)

### Commission Details

Review draft due: \_\_\_\_\_

Final draft due: \_\_\_\_\_

Approximate duration requested:

Instrumentation:

Special considerations and notes:

### Rehearsal and Performance Details

Review draft reading date (approximate):

Planned performance date:

## Agreement

The below signatures certify that the above information is correct and agreed upon by both parties. Every effort will be made to ensure that this agreement is upheld.

Composer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_