

Date & /Time of Service(s) OR Event(s):

\_\_\_\_\_

[HAVE ACCESS TO ORGAN CONSOLE BY \_\_\_\_\_] (time)

SUBSTITUTE ORGANIST FORM

[Revised 9-2011]

DATE OF INITIAL CONTACT: \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_

ADDRESS OF SERVICE(S): \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FEE?: \$ \_\_\_\_\_ [ \_\_\_ mailed OR \_\_\_ ready on day of service?]

CHOIR WARM-UP OR RESPONSIBILITIES: \_\_\_\_\_

ORGAN VOLUNTARIES):

Opening:

Closing:

HYMNS? (cues announced?) (process?)

ANTHEM(S) or SOLOS?:

DOXOLOGY?

ANY CHORAL RESPONSE(S):

CLOSING VOLUNTARY CUE (any Benediction/Dismissal/spoken response?):

OTHER INFORMATION NEEDED?

\_\_\_\_\_ Key(s) for door(s)? \_\_\_\_\_

\_\_\_\_\_ Key for console? \_\_\_\_\_ Organ blower switch or key?: \_\_\_\_\_

Choir/soloist weeknight rehearsal? \_\_\_\_\_ [use back for any additional information]

\_\_\_ W9 FORM NEEDED \_\_\_ Social Security # needed?

\_\_\_ When check will be ready (on console or mailed)?