

FMCMEA

FRESNO MADERA COUNTIES MUSIC EDUCATORS ASSOCIATION

HONOR BAND AUDITION and PARTICIPATION RELEASE FORM

(Directors: Duplicate as needed for auditioning purposes)

Students must bring this sheet, with signatures, to the registration table upon auditioning.

Group (Circle One) *Intermediate High School* Instrument _____

Last Name _____ First Name _____

Address _____ City/Zip _____

Home Phone _____

School _____ School Phone _____

Director's Name _____ Director's Signature _____

"As parent/guardian of _____, I give permission to allow him/her to participate in the FMCMEA Honor Band. I understand that my child is committed to attending ALL of the rehearsals as well as the performance. I release and hold harmless FMCMEA from any liability, claim, actions, and cause of action for any such instructional use."

Parent/Guardian Signature _____

FOR FMCMEA OFFICIAL USE

Folder Number _____

Date Issued _____

Issued By _____

Date Returned _____