

WARREN CONCERT BAND



PRESS RELEASE PERMISSION FORM

Please submit with your application to audition.

At the conclusion of the Scholarship Auditions, the Warren Concert Band will send a press release listing the scholarship winners to the local media. Please note that your response will not be a consideration in the scholarship selection process.

Please check one

_____ Yes, I grant permission for the Warren Concert Band, Inc. to list my name in a Press Release

_____ No, I do not grant permission for the Warren Concert Band, Inc. to list my name in a Press Release

Name of Student Applicant _____

Signature of Student Applicant _____

Date of Signature _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date of Signature _____