

# 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 \_\_\_\_\_