



Fest/Festival School Acknowledgement Form

*Must be completed and signed by the principal for EACH Fest/Festival and EACH advancement, if applicable (i.e. district, region, state)

School Name (print/type; no abbreviations): _____

Director's Name (print/type): _____ School Phone #: () _____

Student Name(s) (please print or type):

*Additional names may be listed on the back if needed

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

We, the undersigned, verify that the student(s) whose name appears on this document is a member, as determined by his/her director, of the same performing organization at his/her home school. We understand that the school will arrange transportation with parent/s/guardian's cooperation and understanding to this event. (Students are **NOT** permitted to drive during a PMEA festival). We endorse the student(s) as an outstanding musician(s) and student(s) worthy of PMEA Fest/Festival participation. We will assist the student(s) in preparing the music selected for the program.

Festival Name: _____

COVID-19 Acknowledgement

The undersigned hereby acknowledges that they fully understand the nature and extent of the risk related to the COVID-19 virus and agree that by participating in this event, they do so at their own risk. The undersigned expressly acknowledges the following:

- Infection by COVID-19 can result in death;
- COVID-19 is highly contagious;
- The risk of infection and transmission are higher in indoor facilities; there are no safety precautions that totally eliminate the risk of contracting COVID-19; and
- Individuals with various underlying medical conditions may experience worse outcomes.

Director's Signature _____ Date _____

School Principal's Signature _____ Date _____

Please list below the name and title of the PMEA member/director from your school district who will be attending this PMEA Fest/Festival and will assume responsibility for the student(s) listed above, accompany the student(s) to On-Site Registration and serve on the Audition Committee (if applicable). Each student is required to have a PMEA Member accompany him/her to registration.

Director Name: _____ Position: _____
Cell Phone #: () _____ Primary Email Address: _____