



# 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 their director, of the same performing organization at their 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: \_\_\_\_\_

### Communicable Disease Acknowledgement

The undersigned hereby acknowledges that they fully understand the nature and extent of the risk related to communicable diseases and agree that by participating in this event, they do so at their own risk. The undersigned expressly acknowledges that they understand the risks and warnings concerning COVID-19 and other communicable diseases and nevertheless expressly assume all such risks.

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: \_\_\_\_\_

Director acknowledges that they have read and support all policies in the PMEA Student Policy Information document and are familiar with PMEA's policies for District, Region & All-State Fests & Festivals.