



Canadian Music Week 2016 Recital Application Form

Please complete form and email to tiffanypinhornsmith@gmail.com by no later than **Oct. 29**

Student Name: _____

Student Age: _____

Title and Composer of Piece:

Length of Piece: _____

Private Teacher Name: _____

Teacher Email: _____

I _____ hereby give permission for the
(Name of parent or guardian)

Newfoundland and Labrador Registered Music Teachers' Association to use any photos, videos, or other media taken of my child on their website (nlrmta.org) or on their Facebook page.

I do not wish for any forms of media of my child to be used.

Signature of Parent or Guardian: _____

