



Branch Awards Submission Form

Personal Information

Student's Name: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Examination Information

Examination Session: December / January / August / May / June (please circle)

Year: _____

Level/Grade: _____ Instrument or Theory Subject: _____

Examining Board: RCM / Conservatory Canada (please circle)

Teacher's Name: _____

Mark Received: _____

Disclosure Consent: I consent to the disclosure of my personal information by the Lethbridge Registered Music Teachers' Association and its members for the sole purpose of determining eligibility and granting any and all awards I may be entitled to.

Photo Release Consent: I grant the Lethbridge Registered Music Teachers' Association the right to publish and use any photographs in which I appear for the purposes of the Lethbridge Branch archives, marketing, publicity and public relations projects including the LRMTA website.

Signature of Applicant:

_____ Date: _____

Signature of Parent or Guardian (for Applicants 18 years of age or under):

_____ Date: _____

We thank you for your application. Good luck!

LRMTA

