

LETHBRIDGE BRANCH OF ARMTA AWARDS SUBMISSION FORM

Personal Information

Student's Name: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Examination Information

Examination Date: _____ Year: _____

Level/Grade: _____ Instrument or Theory Subject: _____

Examining Board: RCM / Conservatory Canada (please circle) Other _____

Teacher's Name: _____

Mark Received: _____

Consent: Please place checkmarks beside the following statements as appropriate:

Disclosure Consent: *I consent to the disclosure of the information as stated above to the Lethbridge Branch of the Alberta Registered Music Teachers' Association and its members for the sole purpose of determining eligibility and granting awards to which I (or my child) may be entitled.*

Information Release Consent: *I grant the Lethbridge Branch of the Alberta Registered Music Teachers' Association the right to publish my name and marks (or my child's) as stated above for the purposes of the Awards Presentation Program, the Lethbridge Branch archives, marketing, publicity and public relations projects including the Lethbridge Branch website: www.LRMTA.com.*

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

Cheque—Alternate name: *In the event the above student wins an award, please make the cheque out to the following alternate name _____*

Signature of Applicant:

_____ Date: _____

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

_____ Date: _____