

Rhythm Project Audition Permission Form

Personal Information

Student Name _____ Phone _____

Street Address _____

City, Zip Code _____ Email: _____

School _____ Grade _____

Student's primary band instrument(s): _____

Years studying primary instrument: _____

Recommendations

Teacher Recommendation: _____

Signature _____ Printed Name _____ Date _____

Commitment

Parent Commitment: By signing below, I acknowledge receipt of and full understanding of the Rhythm Project Program Description. My signature also denotes approval for my child to audition, and if accepted, to participate in all Rhythm Project rehearsals and performances.

Parent Signature _____ Printed Name _____ Date _____

Student Commitment: By signing below, I acknowledge my commitment to meeting the student requirements outlined in the Rhythm Project program description.

Student Signature _____ Printed Name _____ Date _____