

Signature and Approval Form
for Performing Group Applications
CMEA Clinic/Conference, January 27-30, 2021

School Name: _____

School Address: _____

School Phone: _____

Name of Performing Group: _____

We understand that, if selected, all expenses will be borne by the school, school district, or organization sponsoring the performing group. All correspondence in regard to special needs, equipment and other information in regard to conference performance, if selected, will be made in a timely manner when requested.

Director's Signature

Date

Principal's Signature

Date

This form must be submitted with a purchased copy of each score performed on the recording (with any/all school or director identification removed) and postmarked by September 16, 2020 to:

Kevin Beaber, CMEA President
320 W 2nd Street
Ordway, CO 81063