



## Signature and Approval Form Performing Group Applications CMEA Clinic/Conference

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 printed, completed, scanned and submitted via the link in the google form.

Remember, a purchased copy of each score performed on the recording (with any/all school or director identification removed) and postmarked by November 5, 2021 to:

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