



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.