



**2017 WFIT Garage Band Contest/
Spring Music Festival
Parent/Guardian Consent Form**

Band Name: _____

Band Member's Name	Age	High School or College Name
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

17 Years of Age Or Younger Parent/Guardian Consent

I _____ hereby give my consent for _____ to
Parent/Guardian *Band Member's Name*

participate in the 2017 WFIT Garage Band Contest, and by signing this form we agree to the Contest's Official Rules.

Signature *Print Name* *Relationship*

Phone Number *E-mail*

Address