

Participant Information

First Name	Last Name	
Email		
Parent/Guardian Name	Email	

Participant/Parent: By signing this letter of Intent, I attest that the participant listed above has fulfilled all requirements of the Scholastic program listed below and has all of the necessary permissions to compete with the Independent Ensemble listed below at RMPA events.

Participant Signature	Date
Parent/Guardian Signature	Date

School Information

School Name		
Ensemble Director Name	Email	
Band Director Name	Email	

Ensemble/Band Director: By signing this letter of Intent, I attest that the participant listed above has fulfilled all requirements to my Scholastic program, and hereby approve of their intent to compete with the Independent Ensemble listed below at RMPA events.

Scholastic Ensemble Director Signature	Date

Band Director Signature

Date

Independent Ensemble Information

Independent Ensemble Name
Ensemble Director Name
Email

Ensemble/Band Director: By signing this letter of Intent, I attest that the participant listed above has fulfilled all requirements to their Scholastic program, and hereby approve of their intent to participate with the Independent Ensemble listed below at RMPA events.