



REGISTRATION

Team Name (make one up!) _____

Student 1 Name: _____ Birth Date: __/__/__

If under 18, Parent/Guardian's Name(s): _____

Address: _____ City: _____ State/Zip: _____

Student's Cell: _____ Parent's Cell: _____

Student's Email: _____ Parent's Email: _____

Grade: _____ School: _____

PERMISSION and PUBLICITY USE

I have read the Official Rules of the 10 Day Film Contest and hereby give my child,
_____ permission to participate. I also grant Tibbits permission to use my child's
image in publicity or general marketing for Tibbits Opera Foundation and Arts Council, Inc.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Student 2 Name: _____ Birth Date: ___/___/___

If under 18, Parent/Guardian's Name(s): _____

Address: _____ City: _____ State/Zip: _____

Student's Cell: _____ Parent's Cell: _____

Student's Email: _____ Parent's Email: _____

Grade: _____ School: _____

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_____ permission to participate. I also grant Tibbits permission to use my child's
image in publicity or general marketing for Tibbits Opera Foundation and Arts Council, Inc.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Student 3 Name: _____ Birth Date: ___/___/___

If under 18, Parent/Guardian's Name(s): _____

Address: _____ City: _____ State/Zip: _____

Student's Cell: _____ Parent's Cell: _____

Student's Email: _____ Parent's Email: _____

Grade: _____ School: _____

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_____ permission to participate. I also grant Tibbits permission to use my child's
image in publicity or general marketing for Tibbits Opera Foundation and Arts Council, Inc.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Student 4 Name: _____ Birth Date: ___/___/___

If under 18, Parent/Guardian's Name(s): _____

Address: _____ City: _____ State/Zip: _____

Student's Cell: _____ Parent's Cell: _____

Student's Email: _____ Parent's Email: _____

Grade: _____ School: _____

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image in publicity or general marketing for Tibbits Opera Foundation and Arts Council, Inc.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Student 5 Name: _____ Birth Date: ___/___/___

If under 18, Parent/Guardian's Name(s): _____

Address: _____ City: _____ State/Zip: _____

Student's Cell: _____ Parent's Cell: _____

Student's Email: _____ Parent's Email: _____

Grade: _____ School: _____

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Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____