



**Indiana County Competition for Young Musicians
2017 Music Instructor Consent Form**

Student Name: _____

Music Instructor Name _____

Instructor Address: _____

Instructor Phone: _____

Instructor Email: _____

Instructor: By signing here, you recommend this student for the Competition.

Instructor Signature: _____

**Send this completed form to: Indiana Arts Council, PO Box 563, Indiana, PA 15701.
Must be postmarked by March 31st, 2017.**