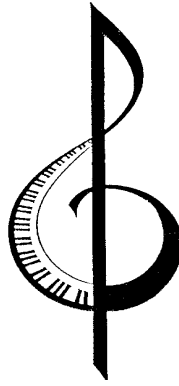


Student Entry Number _____

Teacher Last Name _____



SUMMER MUSIC FESTIVAL 2026

Authorization Release Form

for the

MILWAUKEE AREA PIANO TEACHERS ASSOCIATION

sometimes referred to as MAPTA in the document below

Student Name: please print clearly

First Name

Middle Initial

Last Name

_____ I give permission for the Milwaukee Area Piano Teachers Association to use the video provided for the 2025 MAPTA Summer Music Festival. I understand that the video will be viewed for judging purposes only and will be destroyed after the event is over in August 2026. I understand that only the first name of the student and the audition number will be used for judging purposes.

Name of parent or legal guardian, please print clearly: _____

Signature of parent or legal guardian: _____

If not the parent, explain your relationship to the student: _____

Date this document is signed: _____

Teacher entering this student _____

SUBMIT THIS FORM TO DROPBOX ALONG WITH THE PDF'S OF THE STUDENT'S MUSIC SCORES.