

PERFORMING ARTS FESTIVAL OF THE EASTSIDE

HARP Entry Form

Student

Name _____ Phone _____

Address _____ City _____ Zip _____

Email _____

School _____ Grade _____ Age _____

Harp Style _____ Class# _____ Years Studied _____ Birthdate _____
(Std./Concert/Lever/Celtic) Refer to syllabus

Teacher

Name _____ Phone _____

Address _____ City _____ Zip _____

Email _____

Performance Selections:

1. Title _____

Composer _____ Time (minutes) _____

2. Title _____

Composer _____ Time (minutes) _____

Payment

Entry fee for this class _____
Donation to PAFE _____
Total _____

Teacher Signature _____ Date _____

Parental Release for participants *under 18 years of age:*

I permit my son or daughter to participate in the Performing Arts Festival of the Eastside. I freely and knowingly assume any and all risks incidental to participation and hereby waive any right, claim, or course of action against PAFE, its officers, directors, employees or agents, releasing them from any liability arising out of an injury direct or indirect. I also give permission for my child/student to be photographed and allow PAFE to release said photographs for publicity purposes.

Parent Signature _____ Date _____

Entry deadline: Feb 15th Mail Entry form and fee to: P.O. Box 3282, Bellevue WA 98009 Email: info@pafenorthwest.org