Dorothy Sutton Performance Festival
Photocopy Use

Anyone using photocopies should complete this form and return it to the festival chair.

Teacher Name _____

Phone _____

PMTA Chapter _____

Festival _____

Entrants
(name and instrument) _____

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By signing below, I take responsibility for the use of photocopies by my students at this DSPF Festival.

_____

Signature Date

2006