



## The Manitoba Registered Music Teachers' Association

thanks you for participating in

### ``KIDS HELPING KIDS`` MUSICTHON 2020

February 8<sup>th</sup> & 9<sup>th</sup>, 2020 at Grant Park Shopping Centre (1120 Grant Avenue, Winnipeg, MB)

For more information please contact Christina Hutton at 204-487-3899 or email [pianostudio.christina@gmail.com](mailto:pianostudio.christina@gmail.com)

**Please complete the REGISTRATION information required below and record information for individual contributors on the reverse side of this form. Check in at registration table before your performance time.**

Performance Date: \_\_\_\_\_ Performance Time: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Amount Collected in Cheques: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Online: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_  
MRMTA Teacher Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Photographs and videos may be taken of students throughout the Musicthon event (February 8<sup>th</sup> and 9<sup>th</sup> 2020).  
Completion of this PARTICIPANT RELEASE form in advance will speed up the registration process on the day of the event!**

**Participant's Name:** \_\_\_\_\_

**Event/Program:** 2020 Musicthon **Date of Photograph/Video:** February 8 or 9, 2020 **Purpose of Photograph/Video:** MRMTA promotion

I give consent to MRMTA to take, publish and/or show photographs or videos produced by MRMTA. I agree that the photographs or videos may be used for MRMTA promotion, in both print and electronic formats, throughout the world in perpetuity.

I further agree that the photographs or videos may be edited before use and that appearance in the photo or video confers on me, and/or my child, no ownership rights.

I release MRMTA, its employees, agents and assigns from all liability for any claims by me, my child or any third party in connection with my participation, and that of my child, in the photographs or videos.

**Name of Parent/Guardian** (for children under 18 years of age) \_\_\_\_\_ **Signature** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**PARTICIPANTS NAME:** \_\_\_\_\_

Thank you for the support of these sponsors!

Please complete all information on the front; Tax Receipts will be issued for pledges of \$20 and over.



**PLEASE PRINT CLEARLY, and indicate if payment is in CASH, by CHEQUE (payable to CFMTA) or ONLINE (at mrmta.org).**



ONLINE PAYMENTS may be made at mrmta.org. Please remind sponsors to include the name of student in whose name donations are made, along with teacher's name in the space provided on donation link.

SPONSOR'S NAME	ADDRESS	CITY	POSTAL CODE	PHONE NUMBER	Email Address	PLEDGE COLLECTED	CASH	CHEQUE	ONLINE
Example: Mary Pledge	123 Any Street	Winnipeg	R4M 0G7	204-123-4567	mary@email.com	\$20.00	X		
<b>TOTAL PLEDGED</b>						\$			