



2017 International Torrance Legacy Music Awards

Application Form

Please type or print clearly

Artist Information

Artist's Name: _____
(First) (Middle) (Last)

Address: _____
(Street Address)

(City) (State) (Zip/Postal Code)

Daytime Telephone Number: _____

E-Mail Address: _____

School Information

Grade enrolled during 2016-2017: _____ Age: _____

School Name: _____

School Address: _____
(Street Address)

(City) (State) (Zip/Postal Code)

School's Telephone Number: _____

Teacher/Parent Name: _____

Teacher/Parent Signature: _____

Teacher/Parent Daytime Phone Number: _____

Teacher/Parent E-Mail: _____

Theme of Submission: _____

Title of Submission: _____

Genre: _____

Instrumentation: _____