



## 2018 International Torrance Legacy Music Awards

### Application Form

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*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: \_\_\_\_\_

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#### School Information

Grade enrolled during 2017-2018: \_\_\_\_\_ 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: \_\_\_\_\_

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Theme of Submission: \_\_\_\_\_

Title of Submission: \_\_\_\_\_

Genre: \_\_\_\_\_

Instrumentation: \_\_\_\_\_



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### Parental Consent Form

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My signature below indicates that I grant permission for my child to participate in the 2018 Torrance Legacy Music Awards, that I have read these Terms and Conditions, and I and/or my child agree to abide by them. My signature below also indicates that I grant CO-SPONSORS the right to use my/my child's submission, royalty free (without compensation), for posting and publication. I certify that the submission attached hereto is an original composition and is not subject to any copyright restrictions or violations.

Artist's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Artist's Signature: \_\_\_\_\_  
(If 18 years old or above) (Date)

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(Date)

**Please submit your complete submission, application, and consent forms to the following address:**

Torrance Legacy Music Awards  
C/O The Center for Gifted  
1926 Waukegan Rd. Suite 2  
Glenview, IL 60025

**Questions?? Please contact Edwin Selby at [ecselby@me.com](mailto:ecselby@me.com)**

**Submissions must be postmarked no later than August 20, 2018**