



PHOTO RELEASE FORM (Minor/Child)

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Name of Photo Subject/Participant (please print): _____

Name of School Group Participating In (please print): _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____

Note: Please forward a completed copy of this form to the ASTA National Office:

ASTA
ATTN: National Orchestra Festival
4155 Chain Bridge Road
Fairfax, VA 22030

Please do not write below this line.

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Re: _____
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