





## **Rotary Vocal Music Competition Application 2024-2025**

Please scan/email application no later than January 24, 2025, to Kathy Magin: <a href="mailto:bkmagin2@gmail.com">bkmagin2@gmail.com</a>

Last Name	First	M.I.
Street	City	Zip Code
Home/Cell phone:	E-Mail:	
High School:		Music Teacher
language recommended for <b>Musical Theatre</b> : List two cup-tempo): One selection p	ontrasting selections fron ore-1970 and one Contem	
2		
Note: 1. both selections not 2. Include copies of b  Preferred Regional Audition  Accompanist: Neede	oth scores with application  Site: Alfred	_Eastman Geneseo
		inor at any of these Universities:
	Roberts We	
Eastman School of M	usic SUNY at Ge	neseo
X:	X: _	
Student signature* *If age 18 or		arent/Guardian signature* d Photograph and Video Release Form (page 2)
X:	X	
Rotary Club Representati		otary Club

ROTARY CLUB: Please mail \$200 application fee for each student, check payable to Spencerport Rotary Club, to Mrs. Kathy Magin 11 Mill Street Spencerport, New York 14559. Deadline: January 24, 2025

## Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name		
Street Address/P.O. Box		
City		
Prov/Postal Code/Zip Code		
Phone	Fax	
Email Address		
Signature	Date	
If this release is obtained from a present parent or legal guardian is also required.	<u>-</u>	e signature of that presenter's
Parent's Signature:	Da	ate: