

**A COMPLETED RELEASE FORM MUST BE INCLUDED WITH EACH ENTRY**

RELEASE FORM FOR THE  
ELECTRONIC DISPLAY OF PERSONAL INFORMATION  
FOR THE BATTLE OF FLOWERS ASSOCIATION WEBSITE

I give my permission for certain personally identifiable information about my child and/or a photograph of my child and/or my child's work to be electronically displayed and produced by the Battle of Flowers Association.

Permission granted for release of information for use on the official Battle of Flowers Association Web Site only.

**Student name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission for my child's name as entered above to be posted or published on the Battle of Flowers Association website.

**Signature of Parent or Guardian:** \_\_\_\_\_

I give permission for photos of my child and/or of my child's work to be posted or published on the Battle of Flowers Association website.

**Signature of Parent of Guardian:** \_\_\_\_\_

Band Festival  
Vicki Boyce  
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San Antonio, TX 78212