

Copyright Clearance

The Percussive Arts Society requires all individuals to document copyright law compliance. Please complete the Copyright Clearance form including the composer, arranger, and copyright owner for each selection to be performed, even if you own the copyright. NOTE: Each custom arrangement listed must be accompanied by supporting documentation of permission to arrange copyrighted music. Please photocopy form if additional selections must be added.

School and State _____ Director's Name _____

Music Selection 1 _____ Published Arrangement? Yes No
Composer _____ Copyright Owner _____
Arranger _____ Length of Piece _____ Min/Sec
If Custom Arrangement, do you have copyright clearance? Yes No Copyright clearance documentation is attached

Music Selection 2 _____ Published Arrangement? Yes No
Composer _____ Copyright Owner _____
Arranger _____ Length of Piece _____ Min/Sec
If Custom Arrangement, do you have copyright clearance? Yes No Copyright clearance documentation is attached

Music Selection 3 _____ Published Arrangement? Yes No
Composer _____ Copyright Owner _____
Arranger _____ Length of Piece _____ Min/Sec
If Custom Arrangement, do you have copyright clearance? Yes No Copyright clearance documentation is attached

Music Selection 4 _____ Published Arrangement? Yes No
Composer _____ Copyright Owner _____
Arranger _____ Length of Piece _____ Min/Sec
If Custom Arrangement, do you have copyright clearance? Yes No Copyright clearance documentation is attached

Music Selection 5 _____ Published Arrangement? Yes No
Composer _____ Copyright Owner _____
Arranger _____ Length of Piece _____ Min/Sec
If Custom Arrangement, do you have copyright clearance? Yes No Copyright clearance documentation is attached

Music Selection 6 _____ Published Arrangement? Yes No
Composer _____ Copyright Owner _____
Arranger _____ Length of Piece _____ Min/Sec
If Custom Arrangement, do you have copyright clearance? Yes No Copyright clearance documentation is attached

Director's Signature _____ Date _____

Principal's or Department Head Signature _____ Date _____

This form must be signed by both parties to be accepted.

Return To:
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