



NATIONAL SOCIETY  
OF  
ARTS & LETTERS

## ***NATIONAL AWARDS COMPETITION IN DANCE: EN POINTE***

Please check the competition date of the chapter competition with the chair of that chapter.  
Please complete the application form in black ink or type. Read the Rules and Regulations thoroughly before applying.

### **Submission materials checklist:**

- ✓ Notarized Application Form
- ✓ Head Shot (high resolution JPEG, 1MB or higher)
- ✓ Proof of citizenship (Photocopy of a legal document verifying your date of birth and U.S. citizenship or legal residency in PDF)
- ✓ MP3 of music for your selected variation

All materials must be submitted to the chapter that is closest in geographic location to you. Please see our website for a list of chapters and contact information.



## Contestant Application Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth \_\_\_\_\_  
First Middle Last

U. S. Citizen? Yes No If naturalized citizen, Social Security #: \_\_\_\_\_  
give date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address where I can always be reached:  Check if same as above.

C/O Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Title of the variation you will perform: \_\_\_\_\_

Dance Schools (Location, teachers, dates):

\_\_\_\_\_

\_\_\_\_\_

Honors, awards (May add additional pages or substitute your CV or résumé):

\_\_\_\_\_

\_\_\_\_\_

### NOTARIZED DECLARATION OF RESPONSIBILITY

- ✓ I certify that the information contained in this application is true and complete.
- ✓ I have read the Rules and Regulations of the competition and conform to abide by them.
- ✓ I understand that name and photograph may be used by NSAL for marketing and publicity.
- ✓ I certify that I am not under professional management.
- ✓ I agree to attend the National Competition from June 1 - 3 in Boca Raton, Florida if I win the Chapter competition and I understand that the Chapter will pay for my expenses to attend and represent them.
- ✓ If I am one of the top three National winners, I will allow a videotape of my competition performance to be shown at the Red Rose National Awards Gala on June 3.

Contestant  
Signature: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Date: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

Subscribed and sworn to before me on this  
\_\_\_\_\_ day of \_\_\_\_\_, 2017, who is  
personally known or produced identification.

Notary signature: \_\_\_\_\_

(SEAL)