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|  | **NATIONAL SOCIETY OF ARTS AND LETTERS**  | Logo  Description automatically generated |
| 2024 Annual Awards Competition, May 16-19th, 2024 |
| Urbana-Champaign, Illinois |
| www.arts-nsal.org |
| Contestant No. &Sponsor Chapter |  **MUSICAL THEATRE** |
| (NSAL Use Only) |
|  |  **CONTESTANT APPLICATION FORM** |
|  |  |  |
|  |  |  |  |  |  |  |
| Name: |  |
|  |
| Cell Phone: |  | Email: |  |
|  |
| Current Address: Street: |  |
|  |
|  City: |  | State: |  | Zip: |  |
|  |
| Social Security Number: |  | Age: |  |
|  |
| Birth Date (MM/DD/YYYY): |  |
|  |
| US Citizen? | YES: |  | NO: |  |  |  |
|  |
|  | If NO, other form of lawful residence: |  |
|  |
| Mailing Address: Street: |   |
| (If different from above) |  |
| City: |  | State: |  | Zip: |  |
|  |
| Telephone:  |  |  |
| (If different from above) |  |
|  |
| **NOTE:** | **All Competition Participants must include:** |
|  | * a recent headshot. Please name file with first name, last name, item, and chapter. Example: AllisonMoodyHeadshot – Illinois
* a copy of passport, birth certificate or other document verifying date of birth and citizenship or lawful residence. Please name file with first name, last name, item, and chapter. Example: AllisonMoodyPassport – Illinois
* a PDF of all sheet music which your accompanist will be performing from and PDF of monologue. Please name file with first name, last name, full/abbreviated song/monologue title, and chapter. Example: AllisonMoodyMaybeThisTime – Illinois
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|  |
| **NAME:** |  | Logo  Description automatically generated |
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| Honors and Awards received (as related to Musical Theatre): |
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|  |
|  |  |  |  |  |  |  |
| **Formal Education and Training** |
| Institution | Location | Degree | Dates |
|  |  |  |  |
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| **Performance Experience** |
| Role/Play | Company | Director | Dates |
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|  |  |  |  |
| May include additional page if needed |
|  |
| **Newspaper or other media where publicity about you should be sent:** |
| Newspaper/Website Name | Contact | Contact Info | Location |
|  |  |  |  |
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| **CONTESTANT CERTIFICATION FORM** |
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| **Contestant Name:** |  |
|  |  |
| **Chapter Represented:** |  |
|  |
| **Performer’s Repertoire Information** |
| **Song #1** (Indicate time period): |  |
|  |
| Title of Work: |  | Composer: |  |
|  |
|   |
| **Song #2** (Indicate time period): |  |
|  |
| Title of Work: |  | Composer: |  |
|  |
|  |
| **Monologue:**  |  |
|  |
| Title of Play: |  | Playwright: |  |
|  |
| Character: |  | Act & Scene: |  |
|  |
| **Certification:** |
| I certify that all of the information on this form and application is true and complete. I agree to abide by the rules and regulations of this competition and to be available from May 16 - May 19, 2024, at the National Competition in Champaign-Urbana, Illinois should I be the chapter first-place winner. My name and photo may be used in NSAL publications and for publicity purposes on our website, social media, and YouTube. |
|  |
| **Contestant Signature (Required):** |  |
| *If application is submitted by email, please type in full legal name.**A hard copy signature will be required if the contestant is the chapter first–place winner.* |
|  |
| To Be Completed by Chapter |
|  |
| **NSAL Chapter Musical Theatre Chair***Printed Name and Signature:* |  |
|  |  |
| **NSAL Chapter Sponsor***Printed Name and Signature:* |  |
|  |

For CHAPTER Competition Participants, please send your completed applications to the following chapter representatives (please contact them directly about specific dates):

 **Chapter Competition Contacts**

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**Washington, DC**

Katherine Riddle, co-chair

Carla Jones-Batka, co-chair

NSALmusicaltheatre2024@gmail.com

For general inquiries, contact the National MT Competition Chair:

Sarah Wigley

Sarah.wigley@gmail.com