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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** | | | | | | |
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|  |  | |  | |  | |  |  |  |
| Name: |  | | | | | | | | |
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| Cell Phone: |  | | | | Email: | |  | | |
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| Current Address: Street: | | |  | | | | | | |
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| 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) | | |  | | | | | | |
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| **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 | | | | | | | | |
|  | | | | | | | | | |
| **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 | | | | | | | | | |
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| **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: | |  | | |
|  | | | | | | | | | |
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| **Song #2**  (Indicate time period): | | |  | | | | | | |
|  | | | | | | | | | |
| Title of Work: |  | | | | Composer: | |  | | |
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| **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.* | | | | | | | | | |
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| 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):

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For general inquiries, contact the National MT Competition Chair:

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