



P. O. Box 287476, New York, NY 10128 • Phone: +1 (212) 534-6712 • E-mail: info@AmericanProtégé.com

www.AmericanProtege.com

International Talent Competition 2010 Application Form

NAME OF GROUP OR INDIVIDUAL PERFORMING _____

NAME OF PERSON SUBMITTING APPLICATION _____

(Use back of this form to list all group members and their age)

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____

TYPE: solo duet/trio (2 or 3 performers) small group (4-8 Performers)

large group (9-18 Performers) Production (19 and up Performers)

SCHOOL / STUDIO: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

TEACHER'S NAME: _____ EMAIL: _____

AGE CATEGORY: Children up to 9 years old Teens 10-17 years old Adults 18 years old and up

PERFORMANCE CATEGORY

- | | | | |
|----------------------------------|--|---|---|
| <input type="checkbox"/> pointe | <input type="checkbox"/> ballet | <input type="checkbox"/> contemporary | <input type="checkbox"/> jazz |
| <input type="checkbox"/> tap | <input type="checkbox"/> lyrical | <input type="checkbox"/> vocal | <input type="checkbox"/> open |
| <input type="checkbox"/> drama | <input type="checkbox"/> musical theater | <input type="checkbox"/> song and dance | <input type="checkbox"/> folkloric/national |
| <input type="checkbox"/> hip hop | <input type="checkbox"/> production | | |

APPLICATION FEES:

duets/trios: Number of Participants ____ x \$60/person groups/lines: Number of Participants ____ x \$40/person

solo: \$80 CHARGE TOTAL \$ _____

TITLE of ROUTINE: _____

We, hereby, release all officers, directors, officials, staff, employees or representatives of this Competition from any and all claims for damages or injuries sustained while participating in any activity related to this Competition.

SIGNATURE OF APPLICANT/GUARDIAN: _____ DATE: _____

PLEASE, MAIL ALL APPLICATION MATERIALS TO: **P. O. Box 287476, New York, NY 10128**