



Complete the REGISTRATION FORM, then email it to the NSAL Chapter Level Competition you are registering for.

Questions? Contact: NSAL National Dance Chair, Aziza El Feil at aziza1984@gmail.com

Which Chapter Level Competition would you like to register for?

NSAL Chapter _____

Name _____ Age _____ Date of birth _____

Contestants must be a citizen or legal resident of the United States or US Territories with a valid taxpayer identification number. Contestants must have a United States Social Security number and a United States residence address.

Social Security Number _____

Current Street/Apt. Address _____

City _____ State _____ Zip _____

E-Mail _____ Cell Phone _____

Alternate address (such as a home address) where I can always be reached:

C/O Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Classical Variation Title: _____

Contemporary Solo Title: _____

Contemporary Solo Choreographer: _____

DECLARATION OF RESPONSIBILITY I certify that the information contained in this application is true. I agree to conform to the rules and regulations of the competition. If I win an award at the Chapter Level, I agree to participate in the Chapter Awards Celebration as requested by the Chapter. If I win first place at the Chapter Level, I will represent the Chapter to the best of my ability in the National Competition with timely attendance and participation in the competition and related convention events. I give permission to the NSAL to share photos and videos that I submit as elements of the competition. I give permission to the NSAL to document my participation in the competition with photos and videos. I authorize the use of such photographs and videos to be used in NSAL related events as well as in publications, promotions, news, social media, and the NSAL website for the purpose of documenting and promoting activities related to the NSAL.

Signature _____ Date _____