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Contestant number

(Do not write here)



NATIONAL SOCIETY OF ARTS AND LETTERS

2019 Annual Awards Competition May 30-June 2, 2019

Washington, D.C.

www.arts-nsal.org

DRAMA

CONTESTANT APPLICATION FORM

Please print in black ink or type — complete all four forms.

Name: _____ Cell phone () _____
 First Middle Last

Current Address: Street [Apt. No.] _____

City _____ State _____ Zip _____

Email address: _____

Social Security # _____

Date of Birth _____ Age _____ Sex _____ U.S. Citizen [] Yes

Other form of legal residence _____

Enclose a photocopy of passport, birth certificate or other document verifying date of birth and citizenship or legal residence.

Address where you can always be reached:

c/o _____ Telephone () _____

Street _____ City _____ State _____ Zip _____

Note: Contestant must enclose two recent black and white headshots with name, address, and chapter clearly indicated on back.

Name _____

Formal Education and Training

[Add an extra sheet if necessary]

Institution	Location	Dates Attended	Degree

Performance Experience

[Add an extra sheet if necessary]

Performance	Theatre	Location	Date

Outstanding teachers and institutions where you studied and/or directors with whom you have worked and location(s): _____

Honors, Awards [as related to theatre]

Name _____

Newspapers or other media where publicity about you should be sent:

Name: _____

Address or email: _____

Name: _____

Address or email: _____

Name: _____

Address or email: _____

Name: _____

Address or email: _____

Send completed application to the following: (Contestants do not write in this box.)

(TO BE COMPLETED BY CHAPTER)

To: Name of Chapter NSAL-HAWAII

Drama Chair Name Gary Morris

Street Address 980 Ikena Circle

City Honolulu State HI Zip 96821

Email address: berryexecassist@gmail.com

DEADLINE FOR CHAPTER APPLICATION March 11, 2019

Note: Contestant must enclose two recent black and white headshots (name, address, & chapter on back) and a photocopy of the document verifying birthdate, permanent address, and citizenship or legal residence.

NATIONAL SOCIETY OF ARTS AND LETTERS
2019 National Annual Awards Competition

CONTESTANT CERTIFICATION FORM

Please type or print in black ink

Contestant Name: _____

Chapter to which application is submitted: _____

Competition Information:

1. Category (indicate comedic or serious): _____

Title of Classical Play: _____

Playwright: _____

Name of Character: _____

Scene & Act: _____

2. Category (indicate comedic or serious): _____

Title of Modern Play: _____

Playwright: _____

Name of Character: _____

Scene & Act: _____

Certification:

I certify that all of the information on this form and application is true and complete. I agree to conform to the rules and regulations of this competition and to be available from May 31 - June 2, 2019 at the national conference 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 You Tube.

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

Printed Name and Signature _____
(NSAL Chapter Drama Chair)

Printed Name and Signature _____
(NSAL Chapter Sponsor who will attend competition)