

# THE CECCHETTI CHOREOGRAPHIC COMPETITION

Sunday 11<sup>th</sup> March 2018

VENUE: Cecil Sharp House, 2 Regents Park Road, London NW1 7AY

## ENTRY FORM

*Please print clearly in block capitals*

### COMPETITOR'S DETAILS

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

CLASS: SOLO / DUET / TRIO / GROUP

SECTION: JUNIOR 7-10 yrs / MIDDLE 11-13 yrs / SENIOR 14-18 yrs

TITLE OF DANCE \_\_\_\_\_

LENGTH OF DANCE \_\_\_\_\_ COMPOSER OF MUSIC \_\_\_\_\_

If performing in another dance please give details of Class, Section, & Title \_\_\_\_\_

**NB. Details cannot be altered once the programme is printed**

**HEALTH & SAFETY CHECK IN/OUT. PLEASE LIST BELOW NAMES OF ALL PARTICIPANTS IN THIS ENTRY** Please continue overleaf if necessary

\_\_\_\_\_

### TEACHER'S DETAILS

NAME OF TEACHER \_\_\_\_\_ EMAIL \_\_\_\_\_ TEL \_\_\_\_\_

CORRESPONDENCE ADDRESS \_\_\_\_\_

Teacher Signature \_\_\_\_\_

THIS COMPLETED FORM SHOULD BE RETURNED TO YOUR TEACHER TOGETHER WITH YOUR ENTRY FEE AS FOLLOWS:

SOLOS: £13.50 DUETS: £23.50 TRIOS & GROUPS: £32.50 PLEASE MAKE YOUR CHEQUES PAYABLE TO I.S.T.D.

#### **\*\*TEACHERS\*\***

PLEASE COLLECT ALL ENTRIES AND SEND THEM WITH ENTRY FEES TO: MISS BELINDA PAYNE  
21 WOBURN AVE, THEYDON BOIS, ESSEX, CM16 7JR Enquiries – email: [cecchettichoreo@aol.com](mailto:cecchettichoreo@aol.com)

**CLOSING DATE FOR ENTRIES: MONDAY 12<sup>TH</sup> FEBRUARY 2018 LATE ENTRIES WILL NOT BE ACCEPTED**

Competitors and those signing this form undertake to abide by the rules laid down for this competition and give permission for official photographs to be taken and DVDs to be made for possible use by the Cecchetti Society/ISTD for publicity purposes and to illustrate articles in local or national press, various dance related magazines, events and exhibitions and on the official Cecchetti Society/ISTD websites and electronic newsletters circulated to members.

Competitors' names may also be printed.

**Dancers will not be allowed to participate without photographic permission**

DISCLAIMER: PLEASE NOTE THAT CECIL SHARP HOUSE IS A PUBLIC BUILDING. NEITHER THE CECCHETTI SOCIETY CLASSICAL BALLET FACULTY, NOR ITS REPRESENTATIVES, CAN BE HELD RESPONSIBLE FOR THE LOSS OF PERSONAL ITEMS.

**DO NOT LEAVE VALUABLES UNATTENDED**



**CECCHETTI SOCIETY CLASSICAL BALLET FACULTY  
 CHOREOGRAPHIC COMPETITION SUNDAY 11<sup>TH</sup> MARCH 2018  
 EMERGENCY CONTACT DETAILS, MEDICAL INFORMATION & PERMISSION FOR MEDICAL  
 TREATMENT IN THE EVENT OF AN EMERGENCY**

Parents or Guardians of children participating in the above competition are asked to complete and bring this form to hand in at Check-in when registering their child on 11<sup>th</sup> March.  
**EVERY PARTICIPANT MUST HAVE ONE OF THESE FORMS COMPLETED**

Name of Parent or Guardian .....

Child's name ..... Date of Birth .....

Please give names and telephone numbers of two persons to contact in the event of an emergency whilst your child is in attendance at The Choreographic Competition:

Name ..... Mobile Number .....

Name ..... Mobile Number .....

Please detail any medical condition/allergy that we should be aware of: .....

.....

.....

I confirm that I give permission for medical treatment to be given in the event of an emergency for the above named child.

***N.B. Every effort would be made to contact parents/guardians at the earliest opportunity in the event of an emergency.***

Signed ..... Date .....  
 (Parent/Guardian)