NFMC DANCE AWARDS Annual Awards - Application Form

JR 17-2

Date of Application			
Applicant's Name			
Address			
Age Phone ()	cell ()	E-mail:	Years of Training
Name of Teacher or Studio			
Address			
Event: (circle one) Ballet	Theater Dance	a. Jazz b. Tap c. Ly	rical
NAME OF DANCE		COMPOSER	# OF MINUTES
1			
2			
(state) If not a member of a feamusic.org/payment to On my honor I swear that I am ar	pay individual meml	pership fee of \$13.00	•
		(Date of birth)	(Place of birth)
Or naturalized on(Date of natu	in ralization) (Pl	ace of naturalization)	·
Signature			
I promise to comply	with all conditions of	f the audition.	
Applicant's Signature			
Teacher's Signature			
How did you find about this av	vard?		
Questions or concerns should be	oe directed to the Nati	onal Chair <i>Gay Dill</i> – C	Gaydill1@att.net
Note: NFMC winners will be req (IRS rule). 1st place winners are n			form W-9 to the NFMC treasurer