



# National Lucie Saronova Memorial Award

## State Audition Form

All Competitors must be available to compete in the National Lucie Saronova Memorial Award to be held in **Adelaide 14<sup>th</sup> July 2017**. If there is any conflict of dates or any doubts in regard to availability, **DO NOT ENTER THE ELIMINATIONS.**

**Auditions to be held on:**

At:

Audition Fee:

Observers (as per State rules):

Silver Medal Auditions:

Silver Candidates must be under 15 years (as of January 1<sup>st</sup> 2017) and have passed Cecchetti Grade 5.

Gold Medal Auditions:

Gold Candidates must be under 18 years (as of January 1<sup>st</sup> 2017) and have passed Intermediate.

The State Audition process will consist of a 'class' and the performance of Variation A (silver candidates) and the Variation A - set solo – Peasant Pas, (gold candidates). Where eliminations occur after the first solo, only those left remaining will be required to perform their Variation B. In the event of no eliminations after variation A, all candidates MUST perform variation B.

**Gold Candidates Variation B:** The solo chosen and performed at the State Audition must also be performed at the National performance.

Please ensure that the following information is included with each entry form:

- Report or Certificate from last examination
- Entry form for each candidate
- Audition fee for each candidate
- Form 4 Variations

**Teachers, please be aware that if your student is selected to represent your State in Adelaide 14<sup>th</sup> July, you, the teacher, are also obliged to honour this commitment.**

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**To be completed by all candidates:**

Candidates Name (Please print clearly): .....

Parent/Guardians Name: .....

Address: .....

Email Address:.....

Telephone Number: .....Emergency contact telephone numbers: .....

Date of Birth: ..... Section entered: (Please circle)    Silver    Gold    Male    Female

Registered Cecchetti Teachers Name: .....

**(Please list all Cecchetti teachers involved in candidates training over the last 6 months)**

Institution (if applicable): .....

**Please send this application form to your State LSMA Representative at:**