



National Lucie Saronova Memorial Award

National Application Form

To be returned, via the State LSMA Representative, to the National Office no later than 1st June or earlier as set by your State, in the year of the competition.

To be completed by all candidates:

State you are representing

Candidates Name (Please print clearly):

Parent/Guardians Name:

Address:Post Code:.....

Email Address:.....

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

Date of Birth:

Section entered: (Please circle) Silver Gold Male Female

Registered Cecchetti Teachers Name:

Institution (if applicable):

Candidate travelling: (Please circle) Unaccompanied Accompanied

Airline, Flight Number and Arrival time:

Airline, Flight Number and Departure time:

Accommodation Details:

.....

Contact Phone No:

Candidates to make their own arrangements to and from the Airport.



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