

The **National** High School **Musical Theater Awards**

APPLICATION FOR INTENT TO PARTICIPATE

Awards Ceremony: June 28, 2010
The Marquis Theatre on Broadway

Name of Awards Program: _____

Sponsoring Theater: _____

Name of Contact Person: _____

(Individual to whom all NHSMTA correspondence will be addressed)

Address: _____

Day Phone: _____

Cell Phone: _____

Email: _____

Indicating your “Intent to Participate” does not guarantee acceptance into the program. Once notified of your acceptance, you will be asked to complete a formal application including a release form granting the NHS Musical Theater Awards™, Pittsburgh CLO and Nederlander Alliances, LLC full rights and permissions to photograph and/ or videotape students, staff, faculty, chaperones and volunteers involved with the awards production and events, and to use the name/s of your theater, awards program, school, students, and volunteers, as well as your organization’s logo in any press materials associated with the NHS Musical Theater Awards™.

Signature: _____

Print Name: _____

Please return this form by Fax, Mail, or Email/ PDF to Kiesha Lalama-White at:
Fax: 412-281-2232; Mail: Pittsburgh CLO Education Director/ Pittsburgh CLO, 719 Liberty Avenue, Pittsburgh, PA 15222-3504; Email klalama-white@nhsmusicaltheaterawards.com.

For more information, including the NHSMTA Rules and Regulations:
www.nhsmta.com