



*Delta Sigma Theta Sorority, Incorporated
Des Moines Alumnae Chapter*

*P.O. Box 4706
Des Moines, IA 50306*



2018 Jabberwock Application Checklist

All materials should be received in one complete packet at the address above, postmarked on/before **November 17, 2017** or received by way of email at jrc620@hotmail.com. For more information call Janis Caldwell at (515) 865-8485.

ALL APPLICATIONS MUST INCLUDE:

Completed Jabberwock Application

Photocopy of current school identification

Signed Participant and Parent Agreement

Brief Description ~ of Act to be performed
(150 words)



2018 Jabberwock Application



Participant Information

Name:	
Date of Birth and Age:	
School Attended & Grade:	
Street Address:	
City, State & Zip Code:	
Home Phone:	()
Applicant Cell Phone:	()
E-Mail Address:	

Parent/Guardian Information

Name:	
Street Address:	
City, State & Zip Code:	
Home Phone:	()
Parent Cell Phone:	()
E-Mail Address:	

Person to Notify in Case of Emergency

Name:	
Street Address:	
City, State & Zip Code:	
Home Phone:	()
Alternate Phone:	()
Cell Phone:	()



Expectations

It is our practice to expect that all information provided in this application is truthful and complete. Signatures on this application allow the Sorority to make contacts concerning questions or addressing any need for additional information.

Availability and Commitment

Do you and your parents think that you will have the time to commit to a program that will require practice of your talent, rehearsals, publicity events, and final judging?

_____ YES _____ NO

Are you employed or plan to be employed this school year? _____ YES _____ NO

During which hours are you most available for participation in the talent show?

- ___ Weekday evenings
- ___ Weekend mornings
- ___ Weekend afternoons
- ___ Weekend evenings

Interests

Tell us in which areas of the performing arts you are interested in participating.

___ Vocal Music

___ Instrumental Music

___ Dance

___ Drama

Summarize your talents and describe the performance that you are entering in the talent show.

Previous Performance Experience

Summarize your previous performing experiences.

Consent to Photograph

My signature below provides consent to the use of her/his likeness in any publication, educational, advertising, news media, and world wide web materials that the Delta Sigma Theta Sorority Inc. may utilize and produce. I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of Delta Sigma Theta Sorority Inc., and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and used by Delta Sigma Theta Sorority Inc., for potential future use. I agree to release Delta Sigma Theta Sorority Inc. from any and all liability arising or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

Agreement and Signature

By submitting this application, I agree to the requirements of Jabberwock. I value the importance of practice and the importance of guidance and feedback that my child may or may not need throughout this competition. I understand the selection process and fully appreciate that the judging will be fair.

Student Name (printed)	
Student Signature	Date:
Parent Signature	Date: