



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

**P.O. Box 4706  
Des Moines, IA 50305**



## **2019 Jabberwock Application Checklist**

**All materials should be received in one complete packet at the address above, postmarked on/before **December 10, 2018** or received by way of email at [jabberwockdsm@gmail.com](mailto:jabberwockdsm@gmail.com). For more information please contact: Julanda Taylor at 515-346-8934 or Alexis Davis at 515-421-8515.**

### **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)

Auditions – January 17 - 19, 2019  
Competition – April 28, 2019



# 2019 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: