

NYLA

DANCE CONVENTIONS & COMPETITIONS

REGIONAL AWARDS

WWW.NYLADANCE.COM

NYLA Dance Conventions & Competitions
1905 West Thomas St, Suite D - Box 217, Hammond LA 70401
212-222-2772

THE NYLA DANCE AWARDS		QUANTITY	TOTAL
Overall High Score Group of the Day	<i>Trophy \$50+\$20 Postage, Handling, & Insurance</i>		
Overall High Score Soloist	<i>Trophy \$50+\$20 Postage, Handling, & Insurance</i>		
Overall High Score Duet/Trio	<i>Trophy \$50+\$20 Postage, Handling, & Insurance</i>		
Overall High Score Small Group	<i>Trophy \$50+\$20 Postage, Handling, & Insurance</i>		
Overall High Score Large Group	<i>Trophy \$50+\$20 Postage, Handling, & Insurance</i>		
Overall High Score Team/Production	<i>Trophy \$50+\$20 Postage, Handling, & Insurance</i>		
Overall High Score Props Unified Plaque	<i>\$0+\$20 Postage, Handling, & Insurance</i>		
Overall High Score Platinum Plaque	<i>\$25+\$10 Postage, Handling, & Insurance</i>		
Overall High Score Triple Gold Plaque	<i>\$25+\$10 Postage, Handling, & Insurance</i>		
Overall High Score Double Gold Plaque	<i>\$25+\$10 Postage, Handling, & Insurance</i>		
Overall High Score Gold Plaque	<i>\$25+\$10 Postage, Handling, & Insurance</i>		
Overall High Score Silver Plaque	<i>\$25+\$10 Postage, Handling, & Insurance</i>		
Soloist Medallion	<i>\$10+\$3 Postage, Handling, & Insurance</i>		
Ribbons	<i>\$2+\$1 Postage, Handling, & Insurance</i>		

Please complete this form and return it with your check to the registration desk or you can mail the order form with your check to NYLA Dance. Please Print Clearly as this will be the mailing label. NO P.O.BOX ADDRESSES.

TOTAL

Mailing Information

Payment Method

Name: _____

Studio Name: _____

Teacher/Director: _____

Studio Mailing Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Studio Phone: _____

Home Phone: _____

Email: _____

STUDIO CHECK**
 **Returning Studios Only

CERTIFIED FUNDS*
 *Required after Deadline

Check Number: _____