

# CECCHETTI BALLET ASSOCIATES

## Cecchetti Ballet Associates Choreographic Competition 2026

Sunday 10th May 2026, Central School of Ballet, 21-22, Hatfields, Paris Garden, London SE1 8DJ

### Choreographer's Official Entry Form

CLOSING DATE FOR ENTRIES: **FRIDAY 10th APRIL 2026** – LATE ENTRIES WILL NOT BE ACCEPTED

Please tick the box to indicate which category and section is being entered. **All ages to be taken 31<sup>st</sup> August 2026**

**Juniors up to school year 5**  
**Ages 7-10 yrs**

**Middles school years 6-8**  
**Ages 11-13yrs**

**Senior school years 9+**  
**Ages 14-18yrs**

SOLO

SOLO

SOLO

Entry Fee £20.00

DUET

DUET

DUET

Entry Fee £30.00

GROUP

GROUP

GROUP

Entry Fee £40.00

TITLE OF THE DANCE \_\_\_\_\_

LENGTH OF THE DANCE \_\_\_\_\_ COMPOSER \_\_\_\_\_

**Choreographer Details** Please complete ALL details using BLOCK CAPITAL

First Name (no middle) / Surname: \_\_\_\_\_ / \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PLEASE LIST BELOW NAMES OF ALL PARTICIPANTS IN THIS ENTRY – EACH MUST COMPLETE A DANCER'S PERMISSIONS & DETAILS FORM AND THESE SHOULD BE RETURNED WITH YOUR ENTRY

\_\_\_\_\_  
\_\_\_\_\_

THIS FORM SHOULD BE RETURNED WITH THE COMPLETED AND SIGNED PARTICIPANT FORMS AND THE ENTRY FEE IF PAYING BY CHEQUE. PLEASE MAKE YOUR PAYMENT EITHER BY BACS Acct No: 00719452 Sort code: 30-99-72 with your child's name as reference OR CHEQUE PAYABLE TO "CECCHETTI ASSOCIATES."

PLEASE RETURN YOUR COMPLETED ENTRY FORM TO YOUR TEACHER BEFORE THE CLOSING DATE OF 10th April

**TEACHERS: PLEASE COLLATE YOUR FORMS AND RETURN WITH YOUR CHECK LIST TO:**

MISS BELINDA PAYNE, 21 WOBURN AVENUE, THEYDON BOIS, ESSEX. CM16 7JR **BY 10th APRIL**

Email: [choreographic@cecchettiassociates.dance](mailto:choreographic@cecchettiassociates.dance) Tel: 07748 365 375

PLEASE BE SURE TO USE THE CORRECT POSTAGE WHEN SENDING ENTRY FORMS, FAILURE TO DO SO MAY RESULT IN THE ENTRIES BEING DELAYED BEYOND THE CLOSING DATE.

To be completed by the **Choreographer's** Dance Teacher

Dance Teacher/s Name: \_\_\_\_\_

Competitors who have changed their teacher within the last 12 months should state all teachers' names

Dance School Telephone no: \_\_\_\_\_ E-mail: \_\_\_\_\_

SIGNED by Principal of School \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED by Teacher (if different from above) \_\_\_\_\_ DATE \_\_\_\_\_

HOW WE USE YOUR INFORMATION CBA will process your personal information in accordance with our privacy policy which can be found in full on our website: [www.cecchettiassociates.dance](http://www.cecchettiassociates.dance)