

CECCHETTI BALLET ASSOCIATES

Cecchetti Ballet Associates Choreographic Competition 2026

Please Note New Bank Account Details

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 31st 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: 50250884 Sort code: 82-12-08** 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 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