

## 2020 BSD Awards Participating School's Show Information

	SCHOOL	OL/CONTACT INFORMATION			
Full Name:	SCHOOL/CONTACT INFORMATION		D	into:	
ruii Name:	Last	First	D	ate:	
High School:		School District:			
Phone:		Email			
Venue Addres	ss:				
	Street Address	City	State	Zip Code	
National High School Musical Theater Awards® (NHSMTA®): <a href="https://www.jimmyawards.com">https://www.jimmyawards.com</a> SHOW TITLE:					
	APPROVED ROLE	ACTOR/ACTRESS I	NAME	CATEGORY (circle one)*	
				Best Actor   Best Actress	
				Best Actor   Best Actress	
				Best Actor   Best Actress	
				Best Actor   Best Actress	
				Best Actor   Best Actress	
				Best Actor   Best Actress	
				Best Actor   Best Actress	
				Best Actor   Best Actress	
				Best Actor   Best Actress	
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Best Actor | Best Actress

<sup>\*</sup>For the purposes of the NHSMTA program, students are adjudicated in the category corresponding to their gender identification, not the gender of the role that they played. All casting or script change requests for performances in the NHSMTA program must be approved beforehand. The regional awards program must also submit proof of approval from the show's licensing organization.

SHOW DATES & TIMES				
DAY	DATE	TIME		
Teacher/Director is acknowledging familiarit	emplete to the best of my knowledge. By signing and submitti by with the rules and guidelines and he/she agrees to adhere to the ed. The complete 2020 BSD Awards Rules and Guidelines can be a	ose rules and guidelines		
Signature	Date			

## **BSD AWARDS CONTACT INFORMATION**

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