



2010 GENE KELLY AWARDS INTENT TO PARTICIPATE

NAME OF SCHOOL: _____

_____ WILL PARTICIPATE THIS YEAR _____ WILL **NOT** PARTICIPATE THIS YEAR

NAME OF CONTACT PERSON: _____

(This is the individual to whom **ALL** Kelly correspondence will be addressed. It is vital that this person has access to mail, phone calls and faxes on a **DAILY** basis between now and the Awards Ceremony.)

ADDRESS: _____

DAY PHONE: _____

EVENING PHONE: _____

DAY FAX: _____

CELL PHONE: _____

E-MAIL: _____

During the course of the Gene Kelly Awards, there may be times when the Pittsburgh CLO will need to photograph/ videotape students, faculty and other staff and/or volunteers involved with your production. Please be aware that in signing the intent to participate form, you are giving full rights and permissions to the Pittsburgh CLO for the use of such video and photos. Please also be aware that we may use your school's name and students' names in any press releases associated with the 2010 Gene Kelly Awards.

SIGNATURE: _____
Individual authorized to commit school to project.

PRINT NAME: _____

DATE: _____

PLEASE RETURN IN THE ENCLOSED ENVELOPE or FAX TO 412.281.2232.

***Deadline:* FRIDAY, NOVEMBER 20, 2009.**

**PARTICIPATION IS ON A FIRST COME FIRST SERVE BASIS.
THE MAXIMUM NUMBER OF SCHOOLS PERMITTED TO PARTICIPATE IS 35.**

2010 The Gene Kelly Awards – Saturday, May 29th