



Solo Seal Award – Variation Confirmation Form

Please complete this form to indicate which variations candidates will be performing.

Teacher Family Name:
 Teacher First Name:
 Teacher Membership ID:
 Teacher Centre ID:
 Session of Entry:

Candidate Family Name:
 Candidate First Name:
 Candidate ID:

<input type="checkbox"/> Female	<input type="checkbox"/> Male
<u>Set Variation</u>	
<input type="checkbox"/> Genée Port de Bras	<input type="checkbox"/> Largo
<u>21st Century</u>	
<input type="checkbox"/> Caprice	<input type="checkbox"/> La Vision
<input type="checkbox"/> Tread Lightly	<input type="checkbox"/> Format Allusion
<input type="checkbox"/> Dance a Little Faster	<input type="checkbox"/> Art of Flying
<u>Classical Repertoire</u>	
<input type="checkbox"/> La Bayadère 1	<input type="checkbox"/> Don Quixote
<input type="checkbox"/> La Bayadère 2	<input type="checkbox"/> Coppélia
<input type="checkbox"/> La Bayadère 3	<input type="checkbox"/> Swan Lake 1
<input type="checkbox"/> Raymonda 1	<input type="checkbox"/> Swan Lake 2
<input type="checkbox"/> Raymonda 2	<input type="checkbox"/> Sleeping Beauty
<input type="checkbox"/> Raymonda 3	<input type="checkbox"/> Le Corsaire
<input type="checkbox"/> Raymonda 4	<input type="checkbox"/> Raymonda

Please return with entry forms.