

NDCA Competitors Commission

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NDCA BENEVOLENT FUND COVID-19 APPLICATION FOR ASSISTANCE FROM CORONAVIRUS OUTBREAK

(Send this application to NDCACOMPETITORS.COMMISSION@GMAIL.COM)

NAME: _____ **DATE:** _____

EMAIL: _____

TELEPHONE: _____

ADDRESS: (Street)

(City) _____ **(State)** _____

(Postal Code) _____

NDCA REGISTRATION#: _____

List of recent competitions attended: _____

DISCLAIMER:

By signing this you acknowledge that the sole purpose of receiving this donation is for your personal use towards food, medical, or other essential needs related to the Coronavirus outbreak. You also acknowledge that this donation is on a first come, first serve basis, funds are limited, and only up to \$100 per applicant. In addition, you acknowledge that this donation is from the "NDCA Benevolent Fund Covid-19" to the above mentioned party only and is in no way a contract or implication for future employment, donations, or connection between both parties. You also acknowledge that this donation is non binding and the NDCA Competitor's Commission reserves the right to deny, cancel, reverse, or postpone payment of agreed upon donation for any reason as well as stop the campaign in its entirety at anytime and the NDCA Competitor's Commission is not required to disclose said reason. Finally, in receiving this donation you agree to hold harmless the NDCA Competitors Commission, as well as the National Dance Council of American or any branch thereof, arising from any disagreements or disputes between both parties.

APPLICANT SIGNATURE _____