



# NCA LEADERSHIP MASCOT APPLICATION

**Note: Applicant must turn 18 years of age by May.**  
All applications must be postmarked by: **Jan. 15th, 2023**

For more information, please call 214-564-8185.

To apply, please submit the following with this form:

1. One recent full body picture
2. One picture in mascot character
3. Two letters of recommendation – may be written by a sponsor, teacher, coach, employer, etc.

Mail these items to:

**NCA Leadership**  
Attn: Cenie Royal  
5610 Exeter Drive  
Richardson TX 75082

Your application will not be processed until all items are received. You will be notified of employment status by March 1-15<sup>th</sup>. Every applicant will go through a personal interview. No video tryouts.

**Please type or clearly print the following:**

## Home Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone (with area code)

\_\_\_\_\_  
Cell Phone (with area code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Parent/Guardian Name

### **Office Use Only:**

Camp \_\_\_\_\_

Date application was presented \_\_\_\_\_

Presenting Head Instructor \_\_\_\_\_

## School Information

I am currently in (check one)

High School (must be a Senior to apply)

Which college or university are you planning to attend?  
\_\_\_\_\_

College - College Classification (check one)

Freshman

Sophomore

Junior

Senior

Graduate School

Major in School: \_\_\_\_\_

Graduated – Occupation \_\_\_\_\_

Your address at your college/university if you do not live at the home address already listed:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Your phone number at your school address (if in college)

I would like my information sent to:  Home  School

## **Personal Information**

\_\_\_\_\_  
Name of school you are currently attending

Are you currently the mascot for the school listed?  YES  NO

Do you have a car available to drive to camps if hired?  YES  NO

You must be 18yrs old by May 19<sup>th</sup>, 2023

List any injuries or health problems you have which may affect your ability to work:  
\_\_\_\_\_

Camp(s) attended:

Camp Location/Year  
\_\_\_\_\_

Which company administered the camps? (ie. NCA, etc.)  
\_\_\_\_\_

Fill out **both sides** of this form and return to NCALS.

