



COTILLION BEAUTILLION

2021-2022 Cotillion~Beautillion Application

The Capital City Chapter of Jack and Jill Inc. appreciates your interest in our 2021-2022 Cotillion~Beautillion Program.

Historically, a Cotillion~Beautillion was characterized as an elaborate, formal dance. In recent years, it is most often recognized as a formal presentation of young ladies referred to as debutantes and men referred to as beaus that mark their coming of age. These young ladies and men are presented to society after completion of a program focused on social development, self-awareness, community and civic responsibility.

Capital City Chapter of Jack and Jill Inc. have embraced this concept as an opportunity to introduce our debutantes and beaus to society following an intense and exciting seven month program. The program curriculum offers a range of social, personal, professional, and educational enrichment opportunities. The program consists of personal development workshops, community service projects, leadership training and more! Selected participants will learn how to successfully transition into the next stage of their lives before taking their bow and being presented to society at the 5th biennial Rose & Sapphire Ball.

To be considered for participation in the 2021-2022 Cotillion~Beautillion, please complete the application and biography form, submit an interests form, signed contract, medical & photo release form, a non-refundable application fee of \$65.00 early application fee Prior to May 15th Or \$75 by application deadline of May 30th.

Please mail complete application packet to:

Capital City Chapter Jack and Jill of America, Inc.
Attention: 2021-2022 Cotillion~Beautillion Committee
PO Box 99022
Raleigh, NC 27624

Application can also be Emailed to: jackandjillball@capitalcityjackandjill.org

Please don't hesitate visit our website for up to date information: www.capitalcityjackandjill.org

Application DEADLINE: May 30, 2021

Thank you for your interest in the Capital City Chapter Jack and Jill of America, Inc. 2021-2022 Cotillion~Beautillion Program

How Will I Be Evaluated?

Applications will be judged on the following criteria:

- (1) Scholastic Achievement
- (2) Strong Ethical Standards
- (3) Extracurricular Activities
- (4) Community Service Activities
- (5) Statement of Interest
- (6) Completeness and overall appearance of application

Application Checklist

All applications must be completed in their entirety to be reviewed and considered.

Applications must be legible. Before submitting your application, please be sure that the following items in the checklist below are enclosed.

- One (1) COMPLETED application packet
- Signed Contract
- Statement of Interest
- Application Fee (Cashier's Check or Money Order)
- Medical Release Form
- Photo Release Form

Capital City Chapter of Jack and Jill Inc. reserves the right to eliminate any incomplete, unsigned, late or illegible application from consideration.

Prospective Participant Application

Candidate Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (Mobile) _____

Participant's Email: _____

Parent/Guardian Information

Parent(s)/Guardian(s) Name _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: (H) _____ (Cell) _____ (W) _____

Parent(s)/Guardian Email Addresss _____

Parent(s)/Guardian(s) Name _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: (H) _____ (Cell) _____ (W) _____

Parent(s)/Guardian Email Addresss _____

Academic Profile

High School _____ GPA _____

Prospective College _____

Intended Major/Concentration _____

Special Accommodations

If selected, do you have any special needs that we need to be aware of? _____ Yes _____ No

If yes, please describe. _____

Extracurricular Activities

Activities (includes clubs and sports)

Honors/Awards/Achievements

Special Talents/Hobbies/Interests

Community Involvement

Community Service/Civic/Volunteer Activities (Please list and include years of participation.)*

Religious-based Activities*

Please use an additional sheet of paper, if necessary.

Employment

Are you currently employed? _____ Yes _____ No

If yes, how many days/hours a week do you work? _____

Additional Information

Are any members of your family members of Jack and Jill, Incorporated?

_____ Yes _____ No

If yes, please include name and relationship & chapter affiliation.

Emergency Contact

Name Relationship Contact Number

Statement of Interest

Why do you want to participate in the program?

Acknowledgement and Signature:

Candidate: My signature below confirms that I have provided truthful and complete information in this application and that I understand that I may be contacted if there are questions or concerns about my application package.

Candidate's Name (Printed): _____ Date: _____

Candidate's Signature: _____ Date: _____

Parent/Guardian

If selected, I give my son/daughter permission to participate in the 2021-2022 Cotillion~Beautillion Program. I understand that it will be my financial responsibility to provide the fees necessary to cover the cost of my son/daughter's participation and meet all deadlines in order to meet proper inclusion in all program activities/materials. This includes a non-refundable \$65 application fee, collection of ads to equal a minimum of five (5) full pages in souvenir journal which is equal to \$1000, and purchase/sell of a minimum of ten (10) tickets to the Rose & Sapphire Ball.

Parent/Guardian's Name (Printed): _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Participation Certification Form

Capital City Chapter of Jack and Jill Inc (hereinafter, Sponsors) retain the right to exercise exclusive control, regarding the participation of any applicant in the 2021-2022 Cotillion~Beautillion Program by declining an applicant's participation, withdrawing the privilege of participation, or by further declining any participant's continued participation in the Cotillion~Beautillion Program, including the culminating event, the Rose & Sapphire Ball.

By signing this form, the candidate certifies and affirms the truthfulness of each of the following statements. To the extent the candidate is unable to certify to each of the following statements, the candidate may submit an explanatory statement that will be reviewed by the Sponsors while considering the candidate's application.

_____ I am neither married, nor have I ever been married, nor will I become married prior to the date of the Rose & Sapphire Ball, the culminating event of the 2021-2022 Cotillion~Beautillion Program.

_____ I am not currently pregnant nor have given birth to a child. I also will not become pregnant prior to the date of the Rose & Sapphire Ball, the culminating event of the 2021-2022 Cotillion~Beautillion Program. Should I become pregnant, I understand that Sponsors, in their sole discretion, may withdraw my privilege to participate in any remaining activities of the 2021-2022 Cotillion~Beautillion Program.

_____ I have not been convicted of a criminal violation (other than traffic violations) nor have I ever been the subject of any other violation of a rule or policy that reflects poor moral character. Further, I have not been arrested.

_____ I will not use illegal drugs or alcohol while participating in the 2021-2022 Cotillion~Beautillion Program.

_____ I am neither the subject of a pending suspension or expulsion, nor have I ever been suspended or expelled from any school for any reason.

_____ In the event of a change of circumstance after the date of this certification regarding any matter contained herein, I will immediately notify the 2021-2022 Cotillion~Beautillion Chairs of the details of any such matter, with the full understanding that the Committee retain the exclusive rights, at any time, to decline my participation for failure to adhere to all participation criteria.

_____ Date _____
(Applicant Signature)

_____ Date _____
(Parent/Guardian's Signature)

_____ Date _____
(Applicant's Printed Name)

_____ Date _____
(Parent/Guardian's Printed Name)



Capital City Chapter of Jack and Jill of America Inc.

2021-2022 Cotillion~Beautillion Contract

SECTION I: Financial Responsibility

As a parent/guardian of _____, a Cotillion-Beautillion participant in the 2021-2022 Cotillion~Beautillion, I understand that my child is **required to collect a minimum of five (5) full pages of ads in the souvenir journal for a minimum of \$1000 and purchase/sell a minimum of ten(10) tickets to the Rose & Sapphire Ball in order to participate**. Timelines and deadlines for collection of funds are listed in the 'Parent' handbook and should be strictly followed. I am aware that my son/daughter will not be able to participate in the 2021-2022 Cotillion~Beautillion if these financial obligations are not met. _____ **(Initials)**

I understand that my son/daughter will receive a refund of ad overage if he/she collects ads beyond the \$1000 minimum. However, if we do not submit any additional money beyond the minimum amount of five (5) ads/ \$1000, then I am aware that my son/daughter will not receive refund of ad overage. _____ **(Initials)**

SECTION II: Participation

I understand that my son/daughter is required to participate in all Cotillion~Beautillion activities and workshops. I am aware that part of the funds collected from the selling of ads and tickets will go toward payment of these activities and workshops. If my son/daughter is unable to attend an event, then he/she must contact the Activities Chairperson at least 24 hours before the event to notify them of the intended absence. I understand that I may receive a call from the Activities Chairperson or a committee member to notify me that my son/daughter is not present at an activity that he/she is expected to attend. I acknowledge that my son/daughter is required to attend all rehearsals and he/she will contact the Choreographer or Music Chairperson to inform him/her of an absence. I am aware that my son/daughter can be dismissed from participating in the Cotillion~Beautillion if he/she fails to attend the majority of events or engages in inappropriate behavior. _____ **(Initials)**

SECTION III: Cotillion~Beautillion

The 2021-2022 Cotillion~Beautillion will be held at the Prestonwood Country Club in Cary, North Carolina on January 28, 2022. I am aware that this is NOT a virtual event. _____**(Initials)**

SECTION IV: Fundraising

I am aware that this is NOT a fundraising activity. _____**(Initials)**

SECTION V: Notice Of Possible Use of Cotillion Participant’s Name, Image or Likeness

Please be advised that attending and participating in any event associated with the Cotillion~Beautillion may result in the use of your name, image or likeness in printed and electronic material, including but not limited to publication on the internet and social networking sites, in press materials, and in promotional materials. You hereby specifically release the Capital City Chapter of Jack and Jill, Inc. and its agents from any and all claims arising from the use of your son or your daughter’s name, image and/or likeness based on any of the uses stated above. _____**(Initials)**

By signing below, I acknowledge that I have read and understand the above information regarding the 2021-2022 Cotillion~Beautillion. Violation of any of these rules could be subject to removal from the program.

Parent or Guardian Signature and Date

2021-2022 Cotillion~Beautillion
(Acknowledging receipt of this information)

Biographical Sketch for Souvenir Journal



COTILLION BEAUTILLION

DUE: May 30, 2021

Each Debutante and Beau will have a biographical sketch provided with their photograph in the souvenir journal. The information must be submitted to the committee electronically at jackandjillball@capitalcityjackandjill.org Email subject should include Debutante/Beau name and Bio. This can also be completed electronically using this link:

<https://form.jotform.com/203646656657164>

Please include the following information in the written biography you submit.

- ❖ Name
- ❖ Graduating Class Year
- ❖ Parents' and/or Guardians' name
- ❖ High School
- ❖ Organizations/Hobbies/Extracurricular Activities
- ❖ Church Affiliation
- ❖ College Choice
- ❖ Career Goal
- ❖ Escort's Name
- ❖ Escort's Parents'/Guardians' Name
- ❖ Escort's Grade and School



Photo and Publicity Release Form

Jack and Jill of America, Incorporated

Achieving Excellence, Inspiring Greatness, Motivating Youth
to Lead and Serve

Since 1938

NOTE: This form must be completed and signed by a parent/guardian for every child. We must have this form signed before your child can either attend, be transported or participate in Jack and Jill activities.

I, _____ the undersigned parent or legal guardian, give Jack and Jill of America, Incorporated the absolute right and permission to use my child's photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Website, Scrapbook), or other form of promotion. I release Jack and Jill, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I hereby consent that such information, photographs, videos, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to duplicate, reproduce and make other uses of such information, photographs, videos, recordings, and plates as they may desire free and clear of any claim whatsoever on my part.

Child's Full Name	Birth Date	Child's Signature	Date
Parent/Guardian Name		Parent/Guardian Signature	Date
Non-Minor Participant Name		Non-Minor Participant Signature	Date



Photo and Publicity Release Form

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to Lead and Serve

Since 1938

I, _____ give Jack and Jill of America, Incorporated the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Website, Scrapbook), or other form of promotion. I release Jack and Jill, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I hereby consent that such information, photographs, videos, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to duplicate, reproduce and make other uses of such information, photographs, videos, recordings, and plates as they may desire free and clear of any claim whatsoever on my part.

Print Full Name

Signature

Date

Jack and Jill of America, Incorporated
1930 17th Street, NW
Washington, DC 20009
202-667-7010 • www.jack-and-jill.org



Medical Information and Liability Release Form

This form must be completed for all Chapter activities, Regional and National events annually.

Chapter	State	Region	Year
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Important: This form must be completed for all children/teens, including children/teens of non-members, participating in any Chapter activities or Regional and National events. A complete release form is mandatory for each child/teen and must be signed by a parent or legal guardian at the beginning of each Program year and before participation in such activities. It is the role of the Chapter Program Director to ensure a form is completed for each child/teen prior to the child/teen participating in the activities described above and to ensure that, for members of Jack and Jill of America, Inc., a new form is completed for each child/teen at the beginning of the Program year and properly discarded at the end of the same Program year. During the year, all forms must be stored in a locked and secured location.

Member/Non-Member Participant Information

Mother's Name	Email Address	Phone Number
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Father's Name	Email Address	Phone Number
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Child/Teen's Name	DOB	Child <input type="checkbox"/>	Teen <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Address	City	State	Zip
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Medical Information

Instructions: Check all that apply. If a condition is checked, please provide details in the space provided.

Asthma	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	_____
Heart Disease	<input type="checkbox"/>	_____
Hay Fever	<input type="checkbox"/>	_____
Eating Disorder	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	_____
Drug Allergies	<input type="checkbox"/>	_____
Food Allergies	<input type="checkbox"/>	_____
Physical Limitations	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

Date of Child/Teen's last Tetanus shot (mm/dd/yyyy): _____

Please list all medications and dosage currently taking: _____

