



2016-2017 Audition Registration

Audition # _____

Age: _____

Grade: _____

Height: _____ ft _____ in

Weight: _____

Audition Fee: \$25.00

Dancer Name:		
Street Address:	City:	ZIP:
Date of Birth:	School District:	Home Phone:
Dancer Email:		Dancer Cell Phone:

Parent/Guardian Information

	Name	Email Address	Cell Phone
# 1			
# 2			

Dance Class Enrollment

- ◆ Guest Dancers must attend 1 ballet class weekly (more may be required for some roles)
- ◆ Junior Company Dancers must attend 3 ballet or pointe or pre-Pointe classes weekly
- ◆ Senior Company Dancers must attend 5 ballet/pointe classes weekly
- ◆ Professional Training Program 2 Dancers must attend 7 ballet/pointe/variation/partnering weekly, plus conditioning
- ◆ Professional Training Program 1 Dancers must attend 8 ballet/pointe/variation/partnering weekly, plus conditioning
- ◆ Male Dancers must attend classes as directed by the Artistic Director

	Class Description	Class Day & Time	Dance School
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please consider me for participation in the following for the 2016/17 season:

- | | |
|---|--|
| <input type="checkbox"/> Guest Performer (age 7 and up) | <input type="checkbox"/> Senior Company Member (age 13 and up) |
| <input type="checkbox"/> Junior Company Member (age 8-12) | <input type="checkbox"/> Professional Training Program (grades 9-12) |

This section for Office Use Only

<i>Date Received:</i>	<i>Payment Date:</i>	<i>Check #</i>	<i>Cash Receipt #:</i>
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