

thewashingtonschoolofballet

Audition Registration 2010-2011

Date: _____

Audition number: _____

CAMPUS YOU PREFER TO ATTEND: NW _____ ALEXANDRIA _____ SE _____

Welcome to today's audition class and thank you for your interest in The Washington School of Ballet. Please complete the following information and return this form to the registration desk on the day of your audition. You will be notified of your audition results by email within 2 weeks. Please note that the Washington Ballet must consider many factors when selecting students; all who audition may not be accepted into the school.

(Please Print Student's Name)

Last name: _____ First name: _____

Mailing address : _____

City: _____ State: _____ Zip: _____

Home phone (_____) _____ Alternate phone: (_____) _____

Email: _____

Parent's name _____

Student's Age ____ Birthdate _____

Sex _____ Height _____ Weight _____ Grade in school _____

Current ballet school (if applicable) _____

Current teacher(s) _____

Other forms of dance studied _____

Number of years of ballet studied _____ Current number of ballet classes per week _____

Previous training (please list ballet schools and instructors)

PLEASE DO NOT WRITE BELOW THIS LINE -----

Audition fee of \$25.00 paid Check or cash

Accept Level _____

Not accepted

Full Sch Partial Sch _____%

Comments _____

