

BALLET EVOLUTION

The Snow Queen Audition Form - 2017

(PLEASE PRINT CLEARLY)

Name: _____

Please write your child's name how you wish it to appear in the SNOW QUEEN program if cast. Please print legibly, using upper and lower case letters, with correct spacing, hyphens, etc.

Age: _____ Date of Birth: _____ Height: _____ Male: _____ Female: _____

Acceptance notification and information is emailed. Please be sure to clearly print all contact information.

Address: _____

City/State: _____ Zip Code: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Mother's Cell Phone: _____

Father's Cell Phone: _____ Current Dance Studio: _____

Years of ballet training: _____ Types of dance studied: _____

Please **PRINT** your email address in the boxes below noting that this is the address that will be used for **ALL Snow Queen** communication. Be sure to list the address for the person who will handle your child's schedule.

Primary Contact Cell Phone: _____

Parents/Guardians

Rehearsal Information and Policies

100% attendance at all rehearsals and performances is required to participate in *The Snow Queen*.

Audition Fee PD _____ Check# _____ Cash _____

