NEW YORK DACE PROJECT

AUDITION FORM

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

Dancer Name: _____ Age: _____

Birthdate: ____/____/____ Height: _____ Weight: _____ Sex: **M** **F** (circle)

Parent / Guardian Name(s): _____

Home Address: _____ Apt #: _____

City: _____ Country _____ Home Phone: _____ Cell: _____

Email

Name, City, & Country of current ballet school: _____

Years of: Ballet ____ Pointe____ Pas de Deux_Modern____ Contemporary

# of days per week: Ballet____ Pointe____ Pas de Deux____ Modern____ Contemporary____

Have you attended one of our summer programs before? **Y** **N** Year(s)_____

How did you hear about our program? **O** Print Ad _____ **O** Instructor _____ **O** Other _____

Auditioner ONLY –Review scoring

SCORE BALLET : **1** **2** **3** **4** **5** **6** **7** **NA** Comment: