

MIAMI CITY BALLET SCHOOL

2012 SUMMER AUDITION REGISTRATION FORM

AUDITION NUMBER

Please return this form with a \$25.00 registration fee.
Audition Results will be sent via e-mail. To ensure audition results arrive on time Please provide contact information as legibly as possible.

STUDENT INFORMATION

Students Name: _____

Male / Female (circle one)

Student Address: _____
Street

City State Zip

Phone where you can be reached: Day: _____ Evening: _____

E-mail: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address if different: _____
Street

City State Zip

Phone: Day: _____ Evening: _____

Cell: _____

E-mail: _____

This information is optional. Miami City Ballet School is committed to enrolling a student body, which is culturally diverse as well as artistically talented. This information is voluntary and will be used for statistical purposes only; Check all that apply:

African American: _____ American Indian: _____ Asian: _____ Latin: _____

White: _____ Foreign: _____ Other (please specify): _____

Miami City Ballet School Inc. A non-profit organization, admits students of any race, color, national origin to all the rights, privileges and activities generally accorded to students of the School It does not discriminate on the basis of race, color, national or ethnic origin.

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Turn over
AUDITION NUMBER

Student Name: _____

Age as of June 1, 2012: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Height _____ Weight _____

Present dance school: _____ Class Level: _____

of years of study: _____ Classes per week: _____

Summer programs you have attended in the last two years:

Office Use Only
