

# MIAMI CITY BALLET SCHOOL

2011/2012 Winter Term

## Audition Form

### STUDENT

Date: \_\_\_\_\_

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Contact Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### PARENT/ GUARDIAN

Name of Parent/ Guardian: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Day Number: \_\_\_\_\_ Evening Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address (if different than students): \_\_\_\_\_

\_\_\_\_\_ City State Zip

### DANCE HISTORY

Years of study: \_\_\_\_\_

Present dance school: \_\_\_\_\_

Classes Currently Taking: \_\_\_\_\_

Classes per week: \_\_\_\_\_

Summer Programs you've attended the last Two Years:

\_\_\_\_\_

\_\_\_\_\_