

FOR OFFICE USE ONLY

Audition Number _____



2019 Summer Intensive Audition Registration Form

Please print all information clearly. Illegible handwriting can delay the results of your audition.

Student Information

First Name

Last Name

Age

Birthdate

M/F

Grade

Training Information

How many years? _____

_____ Ballet

_____ Modern

_____ Hip Hop

_____ Pointe

_____ Jazz

_____ Tap

Current Dance Studio

City

State

Did you attend last year's summer intensive?

Yes

No

Are you interested in joining CCB's 2019-2020 Performance Company?

Yes

No

Parent/Guardian Information

First Name

Last Name

Address

City

State

Zip

Phone #

Email

I hereby release Cibolo City Ballet from all liability for personal injury or illness while at Cibolo City Ballet's 2019 Summer Intensive Audition. I certify that my child is in good health and is capable of participating in the audition procedures.

Parent/Guardian Signature

Date