

Ruth S. Shur Carolina Ballet Summer Intensive

Video Application Form

Student Name (FIRST) _____ (LAST) _____

Date of Birth (month/day/year) _____ Age (on June 20, 2010) _____

Height _____ Weight _____

Parent/Guardian Name (FIRST) _____ (LAST) _____

Address _____

City, State Zip Code _____

Email _____

Home Phone(_____) _____ Parent Work Phone(_____) _____

Current Ballet Studio: _____

Address of Studio: _____

Current ballet teacher: _____

Number of ballet classes per week: _____ Total years of ballet training: _____ Years on pointe: _____

Summer programs previously attended: _____

How did you hear about us ? Magazine Friend Dance Instructor internet search
 website other: _____

**Students will receive notification by mail three weeks after receipt of the audition video.
Please wait three weeks before inquiring about audition results.**

I have enclosed a video tape or DVD for my audition along with the \$25.00 audition fee.

Please mail to: **Ruth S. Shur Carolina Ballet Summer Intensive**
Attn: Tyler Walters
3401-131 Atlantic Avenue
Raleigh, NC 27604