LOCATION	

AUDITION NUMBER \_\_\_\_

## RUTH S. SHUR

## CAROLINA BALLET SUMMER INTENSIVE

## **AUDITION FORM**

PLEASE PRINT CLEAR	LY:					
Student Name (	FIRST)		(LAST)			
Date of Birth (m	onth/day/year)	<b>)</b>		<b>Age</b> (on June 27, 2022)		
Height		_				
Parent/Guardian	n Name (FIRST)		(LAST)			
Address						
City, State Zip C	Code					
Parent Email						
Dancer Email _						
Home Phone (	)	Wor	k/Cell Phone (_	)		
<b>Current Ballet S</b>	studio:					
Address of Studi	io:					
Current ballet teacher:						
Ballet classes per week: Total years of ballet training: Years on pointe:						
Summer programs previously attended:						
**************** has my permission to participate in the audition for Carolina Ballet Summer Intensive. I agree that Carolina Ballet will be held harmless for any injuries incurred while auditioning.  Parent/Guardian signature						
-The \$35 Audition Master Class/Application Fee is <u>non-refundable</u> -All students will receive notification of the results by email 2-3 weeks after their auditionPlease wait three weeks before inquiring about audition resultsWe welcome students of any race, religion, color, national origin, or creed.						
PLEASE DO NOT WRITE BELOW THIS LINE						
Audition fee paid $\square$	Accepted	Not Accepted	Wait Listed	Date Letter Sent		
Facility	Coordination	Technique	Strengt	h Musicality		

Rating\_\_\_\_ Comments \_\_\_\_