



AUDITION FORM 2018

Summer Intensive

AUDITION CITY _____ AUDITION # _____

STUDENT INFORMATION

First Name: _____ Last Name: _____

Gender: _____ Birthdate(MM/DD/YYYY): _____ Age: _____

Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Student Cell: (____) _____

Student Email: _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Parent Cell: (____) _____ Parent Email: _____

TRAINING EXPERIENCE

Current Dance School:

Years of Ballet Study: _____ Ballet Classes Per Week: _____ Years on Pointe (if applicable): _____

Years of Modern Study: _____ Modern Classes Per Week: _____

Other Dance Study: _____ Classes Per Week: _____

Other Dance Study: _____ Classes Per Week: _____

Other Dance Study: _____ Classes Per Week: _____

Have you ever attended a Summer Intensive at ChiArts? _____ Yes _____ No

If yes, please list year(s) and level(s): _____

Other summer programs attended:

For Office Use Only

Audition Fee: _____ Cash _____ Check #: _____ _____ Pre-Paid _____ Other	Result: _____ Resume _____ Photo _____ Y/N _____ Level
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Appearance	1	2	3	4	5	Grand Allegro	1	2	3	4	5
Turn Out	1	2	3	4	5	Pick Up	1	2	3	4	5
Feet	1	2	3	4	5	Musicality	1	2	3	4	5
Adagio	1	2	3	4	5	Strength	1	2	3	4	5
Turns	1	2	3	4	5	Flexibility	1	2	3	4	5
Petit Allegro	1	2	3	4	5	Artistry	1	2	3	4	5
Effort	1	2	3	4	5	Focus	1	2	3	4	5