



AUDITION FORM 2017

Summer Intensive

AUDITION CITY _____ AUDITION # _____

STUDENT INFORMATION

First Name: _____ Last Name: _____

Gender: _____ Birthdate: _____ Age: _____

Height: _____ Weight: _____

Address:

_____ City:

_____ State: _____ Zip: _____

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

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Cell: (_____) _____ Email (if different from above): _____

TRAINING EXPERIENCE

Current Dance School:

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

Years of Modern Study: _____ Ballet 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:	Ap	1	2	3	4	5	GA	1	2	3	4	5
	_____ Resume	TO	1	2	3	4	5	PU	1	2	3	4	5
	_____ Photo	Ft	1	2	3	4	5	M	1	2	3	4	5
		Adg	1	2	3	4	5	Str	1	2	3	4	5
		Trns	1	2	3	4	5	Flx	1	2	3	4	5
		PA	1	2	3	4	5	Art	1	2	3	4	5